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ABSTRACT

This volume contains the Proceedings of the Conference on "Demographic Aspects of the Black Community," held in 1969, and organized by the Milbank Memorial Fund. The Conference was held with the belief that knowledge of demographic characteristics and trends of the black community is essential to better understanding of various problems of the black community such as jobs, housing, health, education, and civil rights. The four "parts" of this volume correspond to the four half-day sessions of the Conference: (1) background information on demographic trends, urbanization of blacks, and patterns of negro-white residential segregation; (2) marriage and the family; (3) fertility and family planning; and, (4) needed research on demographic aspects of the black community. In addition, all four parts contain a record of the informal discussion as well as statistical charts. (Author/SB)

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DEMOGRAPHIC ASPECTS
OF THE BLACK COMMUNITY

CLYDE V. KISER
Editor

4

PROCEEDINGS OF THE
FORTY-THIRD CONFERENCE
# of the
MILBANK MEMORIAL FUND

Held at the CARNEGIE ENDOWMENT INTERNATIONAL CENTER
NEW YORK CITY, OCTOBER 28–30, 1969

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FOREWORD

The problems associated with the black community are many and varied. To some white Americans the chief problems *posed* by the black community are those of riots, mugging, disorder, too rapid school integration, invasion of white neighborhoods and welfare expense. To blacks and some whites the chief problems are those *of* the black community such as jobs, housing, health, education and civil rights.

In the belief that knowledge of demographic characteristics and trends of the black community is essential to better understanding of varied problems mentioned above, the Milbank Memorial Fund organized and held in 1969 a conference on "Demographic Aspects of the Black Community." This volume contains the Proceedings of that Conference.

The participants were outstanding white and black scholars from the fields of demography, sociology, public health and related disciplines. The Conference consisted of four half-day sessions represented by the four "parts" of this volume. The first part is concerned with "background" and begins with Preston Valien's description of the outstanding demographic trends and characteristics by color. The next two papers are Daniel O. Price's analysis of urbanization of the blacks and Karl E. Taeuber's paper on residential segregation.

The second part of the volume is devoted to problems of marriage and the family among blacks. Paul C. Glick presents United States registration and census data on marriage and marital stability of blacks. James E. Teele and William M. Schmidt present United States statistics relating to illegitimacy by race and supplement these with their inductive analysis of birth certificates for Boston, and findings from several other local areas in recent years. In the last paper of this session, Elliot Liebow presents a slightly edited chapter from his book TALLY'S CORNER. This chapter, reprinted with publisher's permission, and Dr. Liebow's ensuing remarks at the Conference, throw light on the attitudes of a sector of Negro males toward marriage, courtship and the family.

The third part of the volume is concerned with fertility and family planning. Reynolds Farley analyzes trends and differentials in fertility among urban blacks. Charles F. Westoff and Norman B. Ryder discuss findings regarding contraceptive practice among urban blacks from the National Fertility Survey of 1965. Joseph D. Beasley and Ralph F. Frankowski present some preliminary results from their recent study of family planning among the poor in the New Orleans Metropolitan Area. Donald J. Bogue presents findings from his studies in Chicago regarding family planning among blacks in that area.

The fourth part of the volume is a record of the discussion of needed research on the demographic aspects of the black community. Six brief opening statements are presented by Charles B. Arnold, Charles R. Lawrence, Daniel C. Thompson, Philip M. Hauser, Charles V. Willie and Frank W. Notestein.

In addition to the contributions described above, all four parts contain a record of the informal discussion. Paul B. Cornely's address at the Conference dinner, "Community Participation and Control—A Possible Answer to Racism in Health," is carried in the Appendix of this volume. By restricting the participants to a small number, an attempt was made to achieve a maximum amount of informal discussion. By publication of this volume the Milbank Memorial Fund attempts to make the results of the Conference available to a large number of persons.

The Milbank Memorial Fund wishes to thank the authors for their cooperation not only in furnishing papers of expected high scientific quality but also in meeting deadlines for the Conference and for these proceedings. The Fund wishes to thank all participants for their help in discussing the papers and issues freely, candidly and objectively.

As Editor of this volume the undersigned wishes to express his indebtedness to Alexander Robertson for his active assistance in arranging the program and selecting the participants. He thanks John S. Baugh and Juan Inclán for their efficient handling of the physical arrangements of the Conference. He also wishes to thank Betty Vorwald and Sara Romano for their help in preparing the manuscripts for the Conference and for the Proceedings. He is grateful to Larry E. Blaser and Katherine C. Gensamer for carrying the volume through publication.

It seems hardly necessary to state that the authors represented in this volume were given a free hand in the development of their topics. They deserve the credit and take the responsibility for their statements.

February 5, 1970

CLYDE V. KISER
Vice President for Technical Affairs

WELCOME BY DR. ALEXANDER ROBERTSON

Ladies and Gentlemen: It is with great pleasure that I declare this Forty-Third Conference of the Milbank Memorial Fund, a Round Table on Demographic Aspects of the Black Community, in session.

My task is a very simple and brief one, to welcome you here to discuss this important topic. It is a pleasant task for me not only because my first public appearance for the Fund was in this room to welcome one of these round table conferences in 1962. It is also a pleasure because of the particularly impressive role that this long series of round tables on demography has played in the evolution and development of that science. It is largely due to the work of many people associated over the years with the Fund, many of whom are present, that demography has come to be such a key science in the world at the present time.

I think we should remember not only the value that a meeting of this kind has in itself, but also the tremendous benefit that has accrued from the publication of the proceedings of such meetings.

Throughout the long history of these conferences, one person has been central to them, and that is Clyde Kiser. He has been involved from their inception as a helper and colleague of Frank Notestein's and later as the central prime mover in their development and their evolution; in seeing them through to publication, and ensuring that their influence is felt all over the world where people think and talk about problems of population. It is, therefore, especially appropriate that this year, when he has become a Vice President of the Fund, and while he is chairman of the Technical Committee of the Fund, that he should also be Chairman of the Conference.

These forty-three conferences, as you may not know, have had only a few active chairmen in their whole history. The Fund is very sparing about its senior personnel; it has had only four Executive Directors and it has only really had six conference chairmen of the round tables on population, including Frank Notestein himself on several occasions, Robert E. Chaddock, Professor of Statistics at Columbia, from 1932 to 1940; Frederick Osborn in 1938 and in 1965; Winfield Riefler in 1947; Hugo Behm of Chile in 1967, and for no less than 25 years, Lowell J. Reed, whom so many of us not only in demography but in public health, statistics and epidemiology, knew well.

Having known and worked with Clyde very closely for more than seven years, I know that he is a very worthy person in that particular succession of distinguished figures.

Clyde, it is a real joy to see you presiding in person over what has become one of the most distinguished conferences held on the subject of demography.

CHAIRMAN'S OPENING REMARKS

Clyde V. Kiser: Thank you, Sandy, for your welcome to the participants and for your kind words about the Fund's past work in Population. As some of you know, Dr. Robertson will be taking a position in the West Indies with PAHO/WHO, January 1. He has been Executive Director of the Fund for a little over seven years. His major interest has been in medical education and in social and preventive medicine, but he has always been a warm supporter of the Fund's work in population. As Sandy said, by a curious coincidence the Fund's Conference in 1962, the first that he attended, was held in this building and the population section met in this very room. We are meeting here again on the eve of Dr. Robertson's departure.

For those of you who have not previously attended a conference of the Milbank Memorial Fund I might say a word about the Fund's history. The Milbank Memorial Fund was founded April 3, 1905, by Mrs. Elizabeth Milbank Anderson. Hence it is one of the oldest Foundations in the United States. It started with a small endowment with a secretary and one desk in the office of Mr. Albert G. Milbank, Mrs. Anderson's cousin and advisor. The endowment was enlarged by bequest following Mrs. Anderson's death, February 22, 1921. The first notable work was that of three health demonstrations launched in 1923, one in New York City, one in Syracuse, and one in Cattaraugus County. Annual Conferences of a Board of Advisors were initiated to help guide the work of the demonstrations.

A Division of Research was established in 1928, with Mr. Edgar Sydenstricker as Director. That same year the Fund introduced research in population under the direction of Dr. Frank W. Notestein who came to the Fund that year. In 1928, the only other Foundation in the country doing work in population was the Scripps Foundation for Research in Population Problems. Hence the Fund is not only one of the first foundations in the United States, but also one of the first to include research in population.

Inasmuch as the mechanism of the annual conferences was already established it was natural to institute the practice of having a separate round table on population on these occasions. Coming to the Fund in 1931 as a Research Fellow working under Frank Notestein's direction, I was privileged to attend the Round Table on Population at the Conference of 1932, and have not missed one since.

Before World War II the round tables on population were small groups of experts called to hear reports on research on population and contraception that were either sponsored or directed by the Fund. After the war the well known demographic problems of underdeveloped areas were frequent topics.

The Fund's interest in Latin America since 1962, stimulated by Dr. Robertson, was reflected in the subjects of the Conferences held in 1963, 1965 and 1967.

The topic being discussed this year, "Demographic Aspects of the Black Community," was prompted by the Fund's increasing interest in urban problems.

It is unnecessary for me to dwell on the importance of the subject of our discussion. Most of the participants here have done important research on one or more demographic aspects of the type considered.

The black's former slave status, his early concentration in the rural South, his years of subjection to poverty, ill health and low occupational class are background factors. The trends of these characteristics and the processes and trends of urbanization and segregation are considered at our first session.

The second session is devoted to marriage and the family, the third to fertility and family planning and the fourth to further research needs.

You will note the absence of a session or paper on mortality. However, at the dinner tomorrow night, Dr. Paul Cornely, Chairman of the Department of Community Medicine at Howard University, will speak on the topic, "Community Action and Control—A Possible Answer to Racism in Health." We shall incorporate that speech in the proceedings of this conference.

I. BACKGROUND

OVERVIEW OF DEMOGRAPHIC TRENDS AND CHARACTERISTICS BY COLOR

PRESTON VALIEN

The current social revolution in the United States may be related in a more significant sense than is generally recognized to demographic trends and characteristics of black Americans. These trends and characteristics—which include population growth, mobility and geographic distribution, and other social or economic characteristics—have important implications for the educational, economic and political development of the Negro population. An attempt will be made in this paper to sketch the highlights of these trends and characteristics, paying special attention to those not covered by other presentations at this conference.

POPULATION GROWTH AND AGE CHANGES

Regional Distribution and Metropolitan Residence

Since the decennial census of 1960, the population of the United States has grown by over 22 million persons. That increase is six million persons less than the record increase of over 28 million during the 1950's. This decade has witnessed the continuation of the movement of the Negro population away from the South to the industrial and urban areas of the North and West. In 1860, 92 per cent of the Negro population lived in the South and by 1910, approximately 90 per cent still lived there. However, by 1950, the percentage of Negroes living in the South had dropped to 68 and, in 1960, it had decreased to 60 per cent. In 1965, 54 per cent of the Negro population was living in the South. The North Central region contained about one-fifth of the Negro population, the Northeast about one-sixth, and the West only one-twelfth. The white population was more evenly distributed among the regions, the percentage ranging from 17 per cent residing in the West to 29 per cent in the North Central region.

The growth of the Negro metropolitan population has been quite different in its distribution as compared with the white population. In March, 1967, about three-fourths of the 4.5 million Negro families was living in metropolitan areas. Of the 3.2 million metropolitan Negro families, the overwhelming majority, 2.6 millions, or approximately 81 per cent, were residing in the central cities. This is in contrast to the residential pattern of the metropolitan white families. About two-thirds of the 44.0 million white families resided in the metropolitan areas. Within the metropolitan areas, the proportion of white families living in central cities was only 42 per cent, or about half of the comparable percentage for Negro families.[1]

In a comprehensive statement presented to the House Committee on Banking and Currency on June 3, 1969, Conrad Taeuber, Associate Director, Bureau of the Census, pointed out that significant shifts have occurred in the characteristics of the residents of the central cities of the metropolitan areas.[2] A gain of about a half million persons in the population of the central cities between 1960 and 1968 resulted from a loss of approximately two million in the white population and an increase of approximately 2.5 million in Negro population and persons of other races.

Taeuber points out that the exodus of white families from the central cities reached extraordinary proportions during the past two years. Nearly one million whites left the central cities during that period, and black migration into these cities dropped to 111,000 per year. Thus, whites appear to be leaving the cities far more rapidly than ever before while blacks are replacing them at a slower rate than at any time in the past 20 years.

Age

The Negro population has relatively more young people and fewer older people than does the white population. In March, 1967, 36 per cent of the Negro population was under 14 years of age, compared with 28 per cent of the white population.[3] This concentration in the younger age group largely reflects the higher level of fertility of the Negro population. On the other hand, relatively fewer Negroes than whites were at the upper age level. In 1967, 13 per cent of the Negro population and 19 per cent of the white population were 55 years and over. Only six per cent of the Negro population was 65 years and over as compared with ten per cent of the white population.

The median ages of both the white and Negro population are declining, but that of the Negro population appears to be declining at a more rapid rate. The median age of the white population in 1960 was 30.3 years as compared with 23.5 years for the Negro population. In 1967, the median age of whites was 29.0 years compared with 21.2 years for Negroes. During that year the median ages of 18.9 years for Negro males and 22.4 years for Negro females were nine years lower than the median age of 27.9 for white males, and 7.6 years lower than the median age of 30.0 years for white females. In 1960, the median age of Negroes was seven years lower than whites and in 1965, it was eight years lower.

The implications of a much larger percentage of Negro youth than white youth under 14 years of age for the educational needs of Negro youth are being seen in the urgent social and economic problems confronting state and local school systems, especially those of the larger cities to which Negroes have migrated in large numbers.

Selected Special Censuses, 1965–1968

The results of special censuses conducted by the Bureau of the Census during the period January 1, 1965, to June 30, 1968, give some indication of the recent growth and redistribution of the Negro population. From the results of the 1,491 special censuses taken since January 1, 1965, figures for 49 urban places with a population of 50,000 or more reveal some interesting developments.

Of the 49 urban places of 50,000 or more covered by special censuses since 1965, Cleveland, Ohio, showed the largest average annual numerical increase since 1960 in the Negro population. Costa Mesa, California, registered the greatest rate of change. Cleveland had an average annual increase of 5,112 Negroes, increasing from 250,818 in 1960, to 276,376 in 1965. In Costa Mesa, the Negro population increased at a rate of 14.5 per cent annually. However, the Negro population in Costa Mesa totaled 158 and composed only 0.2 per cent of the total population at the time of the special census. The Negro population of Cleveland increased at a rate of 1.9 per cent annually, but composed 34 per cent of the total population, a 5.5 per cent point increase since 1960.[4]

Only five of the 49 urban places of 50,000 or more covered by urban censuses between 1965 and 1968 showed a decline in the Negro population. All five were below 100,000 population at the time of the special census, and only one of these cities was in the South. The five were: Penn Hill, Pennsylvania; Mesa, Arizona; New Rochelle, New York; Skokie, Illinois; North Little Rock, Arkansas.

Since 1960, the Negro population has increased considerably in the four cities of a quarter of a million or more that were covered by special censuses (Buffalo, Cleveland, Memphis and Phoenix); however, the average annual number and rate of change on the whole has not been as large as that in earlier periods. For example, the Negro population in Buffalo showed a 6.6 average annual rate of change (increase) between 1950 and 1960, but only a 2.4 rate of increase between 1960 and 1965. Phoenix showed an average annual rate of increase of 13.9 during the 1950's, but only 3.0 between 1960 and 1965. The average number and rate of change for the four cities are shown in Table 1.

Since 1930, the Negro population as a percentage of the total population has shown a steady increase at each census in Buffalo and Cleveland. In Phoenix and Memphis, however, the Negro population has remained near the current level of five and 39 per cent, respectively.

EDUCATIONAL ATTAINMENT

Educational attainment of the Negro population in 1967 lagged behind that of the white population by more than two years. The median years of schooling completed by Negroes 14 years old and over in 1967 was 9.7 as compared with 12.0 for whites.

Comparable figures by sex show that white males had completed

TABLE I. AVERAGE ANNUAL CHANGE IN NEGRO POPULATION

	1960 to Special Census		*1950 to 1960*	
City	*Number*	*Rate of Change*	*Number*	*Rate of Change*
Buffalo, New York	1,852	2.4	3,426	6.6
Cleveland, Ohio	5,112	1.9	10,297	5.3
Memphis, Tennessee	4,008	2.0	3,718	2.3
Phoenix, Arizona	3,672	3.0	15,729	13.9

TABLE 2. LEVEL OF SCHOOL COMPLETED BY PERSONS 25 YEARS OLD AND OVER, BY METROPOLITAN RESIDENCE AND RACE, MARCH, 1967

Residence and Race	*Total Population (thousands)*	*Per Cent by Level of School Completed*			*Median School Years Completed*
		Less than 5 Years of Elementary School	*4 Years of High School or More*	*4 Years of College or More*	
Total					
All races	104,864	6.1	51.1	10.1	12.0
White	94,257	4.8	53.4	10.6	12.1
Negro	9,660	17.4	29.5	4.0	9.1
Other races	947	17.0	52.3	15.2	12.1
Metropolitan in central cities					
All races	32,822	6.4	49.4	9.8	11.9
White	26,978	5.3	52.2	10.7	12.1
Negro	5,420	10.8	35.1	4.2	10.2
Other races	424	19.3	55.4	20.3	12.2
Metropolitan outside central cities					
All races	35,466	3.5	59.8	12.9	12.3
White	33,865	3.0	60.9	13.2	12.3
Negro	1,318	15.3	32.8	4.2	9.7
Other races	283	8.1	57.6	16.3	12.2
Nonmetropolitan					
All races	36,576	8.4	44.3	7.6	11.0
White	33,414	6.3	46.6	8.0	11.4
Negro	2,922	30.6	17.7	3.4	7.3
Other races	240	23.3	40.4	5.0	10.5

Source: Current Population Reports, POPULATION CHARACTERISTICS, Series P-20, No. 169, February 9, 1968; Educational Attainment, March, 1967, p. 2.

12.0 years as compared to 9.3 for Negro males; white females had completed 12.0 years compared to 10.0 for Negro females.

Reflecting past history and current gains, the most extreme difference in average educational attainment was noted at ages above 35 years where, in 1967, Negroes had completed 8.4 years of school as compared with 11.7 years for whites. Recent advances in educational attainment are reflected in statistics for persons under 35 years of age. Among Negro men 25 to 34 years old, the percentage who had not completed elementary school dropped from 30 per cent in 1960, to 16 per cent in 1966, and among Negro females of the same age, the decline was from 22 to ten per cent. The educational level in 1967 for Negroes 14 years and over in the South was about two years lower than for the rest of the country. The median school years completed for Negro males was 10.4 in the North and West and 8.4

in the South; for Negro females it was 10.7 in the North and West and 7.3 in the South.

The educational attainment of Negroes 25 years old and over living in metropolitan areas exceeds that for those living in the nonmetropolitan areas. The proportion in 1967 who had completed at least four years of high school was 35 per cent in the metropolitan areas, compared to 18 per cent in the nonmetropolitan areas. Negroes living in metropolitan areas had a median of 10.1 years of school completed compared to 7.3 years in nonmetropolitan areas (Table 2).

It is of interest to note that although Negroes had low educational attainment relative to the white population, persons of other nonwhite races (nonwhites who are not Negro) had an average attainment level similar to that of the white population. The median school years completed for other nonwhites 25 years old and over was 12.1, the same as for whites of the same age. However, a higher percentage of persons of other nonwhite races had completed at least four years of college than had whites, the respective percentage being 15.2 per cent for other nonwhites as compared to 10.6 per cent for whites. Only four per cent of Negroes 25 years old and over had completed four years of college or more. At the other extreme of the educational attainment scale, only 4.8 per cent of whites 25 years old and older had completed less than five years of elementary school, as compared to 17.4 per cent of Negroes and 17.0 per cent of other races of this age category. An examination of the 1960 census indicates that Japanese and Chinese account for the high level of college completion among those of other races, whereas American Indians report a large proportion of other nonwhite races with only little schooling.

An examination of educational attainment of persons 25 years old and over by regions indicates some interesting differences (Table 3). Although less than ten per cent (9.5 per cent) of persons of this age group had completed one to three years of college for the country as a whole, about 15 per cent (14.7 per cent) persons of this age group in the Western region had completed one to three years. This situation was consistent for each racial group, with a higher proportion of persons 25 years old and over of each racial group in the West having completed one to three years of college than was true of any other region. It is worth speculating that the accessibility of junior or community colleges in the West, especially in California, may account for this difference.

TABLE 3. YEARS OF SCHOOL COMPLETED BY PERSONS 25 YEARS OLD AND OVER, BY RACE AND REGIONS

			Years of School Completed								*Median School Years Com-pleted*
			Elementary School			*High School*		*College*			
Area and Race	*Total*	*None*	*1 to 4 Years*	*5 to 7 Years*	*8 Years*	*1 to 3 Years*	*4 Years*	*1 to 3 Years*	*4 Years*	*5 Years or More*	
Total United States	100.0	1.6	4.5	10.2	14.8	17.8	31.6	9.5	6.4	3.6	12.0
Northeast	100.0	1.5	3.3	9.3	16.2	18.5	33.0	7.9	6.5	3.9	12.0
North Central	100.0	0.9	2.9	7.9	19.3	18.0	33.3	8.8	5.9	3.0	12.0
South	100.0	2.5	8.0	15.2	11.5	17.4	27.3	8.6	6.4	3.2	11.2
West	100.0	1.4	3.0	6.1	11.0	17.1	34.5	14.7	7.5	4.8	12.3
White											
United States	100.0	1.3	3.5	9.3	15.1	17.4	32.8	9.9	6.8	3.8	12.1
Northeast	100.0	1.4	3.0	8.9	16.3	18.1	33.5	8.1	6.7	4.0	12.1
North Central	100.0	0.7	2.6	7.5	19.7	17.3	34.0	8.9	6.2	3.2	12.1
South	100.0	1.9	5.7	13.5	11.7	17.2	29.8	9.5	7.1	3.6	12.0
West	100.0	1.0	2.4	5.7	11.2	17.0	34.9	15.0	7.8	4.9	12.4
Negro											
United States	100.0	3.8	13.7	19.3	12.3	21.5	20.2	5.4	2.6	1.3	9.1
Northeast	100.0	1.9	7.4	14.7	15.2	24.9	27.8	5.0	2.6	0.6	10.3
North Central	100.0	2.3	6.6	14.3	13.7	27.2	25.7	7.1	1.9	1.2	10.4
South	100.0	5.2	19.6	24.3	10.8	18.2	14.0	3.7	2.8	1.3	8.1
West	100.0	2.3	7.2	10.0	11.5	21.1	29.1	11.8	3.2	3.7	11.7
Other races											
United States	100.0	7.4	9.6	8.5	7.3	14.6	28.3	8.6	7.0	8.2	12.1
Northeast	100.0	4.9	4.9	7.3	7.3	13.8	17.1	3.3	13.0	26.8	12.7
North Central	100.0	B	B	B	B	B	B	B	B	B	B
South	100.0	3.7	13.9	8.3	8.3	13.9	30.6	7.4	7.4	4.6	12.1
West	100.0	8.6	10.0	8.8	7.4	14.6	31.5	9.8	4.8	4.5	12.0

B: Base less than 75,000.

Source: Current Population Reports, Population Characteristics, Series P-20, No. 169, February 9, 1968; p. 22.

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TABLE 4. OCCUPATION OF THE EMPLOYED WHITE AND NEGRO POPULATION 18 YEARS AND OVER, BY LEVEL OF SCHOOL COMPLETED AND SEX

Occupation and Sex	*Total, 18 Years and Over*		*Elementary School, 8 Years or Less*		*High School*				*College, 1 Year or More*			
					1 to 3 Years		*4 Years*		*Total*		*College 4 Years or More*	
Male												
Total employed	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White-collar workers	42.3	14.8	15.7	4.0	23.5	11.8	39.7	17.6	83.1	59.5	94.6	85.6
Professional, technical and managerial except farm	28.8	7.0	9.4	2.2	13.0	4.2	22.5	4.1	66.2	38.2	82.4	75.9
Clerical, sales and kindred workers	13.5	7.9	6.4	1.8	10.4	7.6	17.2	13.6	17.0	21.3	12.1	9.8
Manual workers	45.8	63.7	61.7	70.0	64.5	69.2	49.7	63.1	12.6	27.5	4.0	8.6
Craftsmen, foremen and kindred workers	20.6	10.3	24.2	10.1	27.3	9.2	24.4	12.7	7.3	8.8	2.6	2.3
Operatives and kindred workers	20.2	31.0	28.2	29.6	30.2	39.8	21.3	32.6	4.3	13.7	1.1	4.6
Laborers, except farm and mine	5.0	22.4	9.3	30.2	7.1	20.1	3.9	17.8	1.1	5.0	0.2	1.7
Service workers	5.9	15.0	8.0	13.1	7.3	17.0	6.0	17.6	2.9	12.6	0.7	4.6
Farm workers	6.0	6.5	14.5	12.9	4.8	2.0	4.6	1.6	1.3	0.5	0.8	1.1

TABLE 4. (CONTINUED)

Occupation and Sex	*Total, 18 Years and Over*		*Elementary School, 8 Years or Less*		*High School*				*College, 1 Year or More*			
					1 or 3 Years		*4 Years*		*Total*		*College, 4 Years or More*	
Female												
Total employed	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White-collar workers	63.0	23.2	20.1	2.3	41.5	11.2	72.6	30.4	90.4	78.4	96.9	97.3
Professional, technical and managerial except farm	20.2	9.9	5.3	0.7	7.9	2.0	11.7	4.2	57.3	55.6	83.9	90.8
Clerical, sales and kindred workers	42.9	13.3	14.8	1.5	33.6	9.2	60.9	26.2	33.1	22.8	13.0	6.5
Manual workers	17.6	16.8	40.2	15.3	30.5	21.8	12.0	19.7	3.2	0.7	1.1	1.1
Craftsmen, foremen, operatives and kindred workers	17.3	15.8	39.6	14.7	29.9	20.2	11.7	18.6	3.1	6.0	1.1	1.1
Laborers, except farm and mine	0.3	1.0	0.6	0.6	0.6	1.6	0.2	1.1	0.1	0.5	—	—
Service workers	17.4	58.5	34.7	79.5	25.8	65.5	14.1	49.5	5.5	15.1	1.9	1.6
Private household workers	3.5	30.8	10.5	52.9	5.3	31.9	1.8	15.7	0.7	6.5	0.4	0.5
Other service workers	13.8	27.7	24.1	26.5	20.5	33.6	12.2	33.8	4.8	8.6	1.5	1.1
Farm workers	2.0	1.5	5.0	3.0	2.3	1.6	1.4	0.4	0.9	—	0.5	—

Rounds to zero.

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OCCUPATION

The vast majority of employed Negro men and women are engaged in blue-collar occupations and in significantly greater proportion than for whites. During March, 1966, approximately 79 per cent of Negro men and 75 per cent of Negro women were either manual workers or service workers (Table 4). The comparable figures for whites were 51 per cent for males and 35 per cent for females. Approximately 43 per cent of white females, but only 13 per cent of Negro females were employed as clerical, sales and kindred workers. Negro females were heavily concentrated in service work, with 58.5 per cent so employed as compared with only 17.4 per cent of white females. Overall, 42 per cent of the white males and 63 per cent of the white females were white-collar workers as compared with 15 per cent of the Negro males and 23 per cent of the Negro females.

When occupations are distributed by education, a direct relation is revealed. Negroes and whites with the least amount of education are concentrated in the blue-collar and farm occupations and those with some college education are more likely to be employed in white-collar occupations. However, some interesting variations occur at the lower educational levels. For example, 23 per cent of white males with one to three years of high school education are white-collar workers as compared to slightly less than 12 per cent of Negro males. Almost 40 per cent of white males with four years of high school education are white-collar workers as compared to 18 per cent of Negro males. For white females, 41 per cent with one to three years of high school and 73 per cent with four years of high school are white-collar workers. The comparable percentages for Negro females are 11 per cent with one to three years of high school and 30 per cent with four years of high school. For women college graduates, little difference is found between the occupational distribution of white and Negro women. At this educational level, 97 per cent of Negro women and the same percentage of white women were engaged in white-collar occupations.

INCOME AND POVERTY

Family income continued its upward trend in 1967, according to the Census Bureau's March, 1968, Current Population Survey. The median income for all families rose to $7,974 in 1967, up by 6.5 per

TABLE 5. PERSONS LIVING IN POVERTY

Year	*Total (in thousands)*	*Per Cent*	*Nonwhite (in thousands)*	*Per Cent*
1967	26,146	13.4	8,283	35.4
1966	28,781	14.9	9,286	40.0
1965	31,908	16.7	10,535	46.4
1964	34,290	18.1	10,879	48.6
1963	35,290	18.9	11,169	50.9
1962	37,036	20.1	11,630	54.2
1961	38,095	21.0	11,594	55.4
1960	30,090	22.3	11,384	55.1
1959	38,940	22.1	10,709	54.6

TABLE 6. FAMILIES BELOW THE POVERTY LEVEL, BY SIZE OF FAMILY AND SEX AND COLOR OF HEAD

	Male Head		*Female Head*	
Size of Family	*White*	*Nonwhite*	*White*	*Nonwhite*
Total	8.2	27.0	27.7	60.2
2 persons	11.3	21.7	21.2	42.6
3 persons	5.0	18.3	25.2	48.7
4 persons	4.6	19.9	36.6	62.1
5 persons	6.0	26.7	43.9	76.0
6 persons	8.4	34.7	30.9	83.8
7 persons or more	18.3	47.6	62.3	83.9

TABLE 7. CHANGES IN CONDITIONS OF NEGROES IN HOUGH, THE POVERTY AREAS OF CLEVELAND, AND THE REMAINDER OF CLEVELAND, 1965 AND 1960

	*Poverty Area**				*Remainder of Cleveland*	
	Total		*Hough*			
	1965	*1960*	*1965*	*1960*	*1965*	*1960*
Population (in thousands)	202	203	52	53	75	48
Per cent change	**	X	−2	X	+55	X
Per cent of families below the poverty level	31	29	39	31	13	15
Per cent of families with female head	27	22	32	23	12	13
Median family income***	$4,772	$4,756	$3,966	$4,732	$6,929	$6,199
Male unemployment	12.1	13.8	14.3	15.7	7.5	8.8

* Includes Glenville neighborhood, partially in the poverty area. In 1960, about 65 per cent of the total population of Glenville was in the poverty area.

** Less than 0.5 per cent.

*** Income in 1959 and 1964, adjusted for cost-of-living changes in 1964 dollars.

X Not applicable.

cent from $7,500 the previous year. For white families, the median income was $8,274 and for nonwhite families it was $5,141.

The relative decline in families as well as individuals living in poverty has been more rapid among nonwhites than among whites, but still a wide disparity exists between the two groups. The number of nonwhite families living in poverty has been reduced from slightly over two million in 1959 to 1.5 million in 1967. However, in 1967, three out of every ten nonwhite families were still living at the poverty level.[5] The incidence of poverty in the nation as a whole was reduced from 18 per cent of families in 1959, to 11 per cent in 1967. The proportion of poor families among whites declined from 15 per cent to eight per cent and among nonwhites from 49 per cent to 31 per cent.

In terms of individuals, 26,146,000 persons were found to be living in poverty in 1967, or 13.4 per cent of the population—10.3 per cent of all whites and 35.4 per cent of nonwhites. The decline in the number of individuals living in poverty from 1959 to 1967 is shown in Table 5.

In 1967, among all families, 12.5 per cent had median incomes under $3,000. The Current Population Survey in 1967 counted 12.8 per cent as having $3,000 to $4,999; 16.1 per cent with $5,000 to $6,999; 24.3 per cent with $7,000 to $9,999; 22.4 per cent with $10,000 to $14,999, and 12.0 per cent with $15,000 and over.

For Negroes, approximately 29 per cent had an income below $3,000 and 22 per cent between $3,000 and $5,000. Approximately 34 per cent had an income between $5,000 and $10,000; 11 per cent between $10,000 and $15,000, and four per cent $15,000 and over.

It is worth noting that, although the general impression is that nonwhite families are poor because of the absence of a male head and the presence of too many children, an analysis of the facts does not altogether support this impression. Within each sex of head and size of family group, the incidence of poverty among nonwhite families far exceeds that of white families (Table 6). Of perhaps greater importance are other factors such as the low earning power of the nonwhite males, their concentration in low-paying occupations, their lower differential earnings than whites within the same occupation groups and their less-stable employment experience. These factors are strongly reflected in neighborhoods such as Watts in Los Angeles and Hough in Cleveland, which were the subjects of special studies in 1965. These studies showed that the percentage of families below the poverty level increased in Hough from 31 per cent in 1960 to 39 per cent in

TABLE 8. CHANGES IN CONDITIONS OF NEGROES IN WATTS AND SOUTH LOS ANGELES, AND CHANGES IN CONDITIONS OF THE WHITE POPULATION WITH SPANISH SURNAME IN EAST LOS ANGELES: 1965 AND 1960

	South Los Angeles				*East*	
	Total		*Watts*		*Los Angeles*	
	1965	*1960*	*1965*	*1960*	*1965*	*1960*
Population (in thousands)	260	248	27	30	135	127
Per cent change	5	X	−10	X	6	X
Per cent of families below the poverty level	28	27	43	44	24	22
Per cent of families with female head	29	23	39	36	20	17
Median family income*	$4,669	$4,497	$3,771	$3,410	$5,052	$5,089
Male unemployment rate	11	12	14	16	8	9

* Income in 1965 for the year December, 1964, to November, 1965. Income in 1960 for the calendar year 1959.

X Not applicable.

1965; the percentage in Watts changed from 44 to 43 per cent between 1960 and 1965. Median family incomes actually decreased in Hough during that period of time and did not increase significantly in Watts, unemployment rates remained disproportionately high in both places (Tables 7 and 8).

VOTING PARTICIPATION

Voting behavior has recently become a question of considerable demographic interest. In 1964 and 1966, the Bureau of the Census conducted surveys of voter participation and registration. They found considerable variation by age, sex, color, region, residence and a number of other social and economic characteristics.

Age, Sex and Color

Voter participation was lowest among the young and increased with age for both whites and nonwhites. Reported voter participation in 1966 increased with age from a low of 31 per cent for those persons under 25 years old to a peak of approximately 65 per cent for persons 45–54 and 55–64 years old. Among Negroes, the reported participation was significantly lower than that of the nation as a whole, 42 per cent of Negroes voting as compared to 55 per cent for the nation as a whole. Negro voting also tended to peak at earlier ages than the total population, with the highest rate of Negro participation (49.2

per cent) occurring among persons 35 to 44 instead of the 55–64 age group as in the total population.

Reported voter participation rates for men were, on the average, about five percentage points higher than for women. The differences were small, however, at ages under 55 years, but increased significantly thereafter and reached a substantial 16 percentage points for persons 75 years old and over. An interesting difference is noted when white voter participation is compared with Negro voter participation. The reported voter participation of the Negro population was significantly lower than that of the white population—42 per cent for Negroes as compared to 57 per cent for whites. Voter participation rates were slightly higher for white males than for white females in each category from 25–34 to 45–54, whereas the reverse was true for Negroes with voter participation rates slightly higher for Negro females in each category from 25–34 to 55–65. Although the difference in voter participation was about five percentage points higher for white males than for white females, it was only about one per cent higher for Negro males than for Negro females. However, in the oldest age groups (65–74 and 75 and over) Negro males voted at substantially higher rates than did Negro women.

Region and Sex

The South had a much lower reported voter participation rate in the 1966 election than did the rest of the United States. Only 43 per cent of persons of voting age cast votes in the South, as compared with 61 per cent for all other regions combined. Negroes voted at lower rates than whites both in the South and in the rest of the country, but Negroes in the North and West voted at a rate seven percentage points higher than that of Southern whites. Southern whites voted at the rate of 45.2 per cent and Negroes outside of the South voted at the rate of 52.1 per cent.

The disparity in voting participation between the sexes was greater in the South than elsewhere, but again some interesting differences were seen between the Negro population and the white population. In the North and West, the male vote participation rate was 63.0 per cent as compared with a female participation rate of 59.0 per cent. In the South, on the other hand, the total male participation rate was 47.0 per cent as compared with a female participation rate of 39.5 per cent (Table 9).

Turning to the Negro voter participation rate, Negro females in

TABLE 9. REGISTRATION AND VOTER PARTICIPATION RATES FOR THE WHITE AND NEGRO POPULATION OF VOTING AGE

	Per Cent of the Population of Voting Age				*Per Cent of the Population of Voting Age Who Were not Registered*[1]	
	Registered		*Voted*			
Area and Sex	*White*	*Negro*	*White*	*Negro*	*White*	*Negro*
United States	71.6	60.3	57.0	41.8	25.3	33.8
Male	73.7	60.0	59.9	42.4	22.8	32.0
Female	69.8	60.5	54.5	41.3	27.5	35.2
North and West	74.5	68.9	61.7	52.2	22.2	24.5
Male	75.7	68.7	63.8	53.8	20.7	23.2
Female	73.5	69.0	59.9	50.9	23.6	25.5
South	64.3	53.0	45.1	33.0	33.0	41.7
Male	68.4	52.7	49.9	32.9	28.1	39.4
Female	60.7	53.2	41.0	33.0	37.3	43.6

[1] "Not registered" population excludes about 3,100,000 whites and 600,000 Negroes who did not know whether they had registered or who did not report on registration.

all regions approximated Negro male participation rates. In the North and West, the Negro male rate was 53.6 per cent as compared with a Negro female rate of 50.9 per cent. In the South, the Negro male and female voter participation rates were identical—32.9 per cent.

SUMMARY

The growth and changing distribution of the Negro population have important social implications for the Nation. The percentage of Negroes in the total population has changed little since 1890, when it was 11.9 per cent. For several decades after 1890, the Negro population declined as a proportion of the total population until 1930, when it was 9.7 per cent. Since 1930, however, lower Negro mortality, relatively higher Negro birth rates and the restriction of European immigration in the 1920's combined to reverse the declining trend. In 1960, the Negro population was 10.5 per cent of the total population and in 1970 it is estimated to be slightly above 11 per cent.

The great change in Negro population has not been in numbers or in relative proportion, but in regional and urban distribution. The movement of Negroes away from the South has reduced the percentage of the Negro population living in the South from 90 per cent in 1910 to slightly over 50 per cent in the late 1960's. The movement of Negroes has been to the cities and especially to the central cities of metropolitan areas. In 1960, the six cities with the largest Negro population were all outside the South (New York, Chicago, Philadelphia, Detroit, Washington and Los Angeles). These six cities, with Negro populations ranging from over one million in New York City to over 300,000 in Los Angeles, had almost a fifth of all Negroes in the United States. It is the concentration of Negroes in the central cities that heightens the visibility of Negroes in the cities and creates housing problems and pressures on urban resources and services.

The metropolitan distribution of the Negro population has implications for other social and economic characteristics. Negroes in metropolitan areas exceed those in nonmetropolitan areas in educational attainment and occupy better-paying and higher-status jobs. It is also well established that the nonwhite to white fertility ratio decreases with increasing income and with urbanization. Finally, voter participation of Negroes in the North and West has been greater than that of whites in the South. As pointed out, Negroes in the North and West voted at a rate seven percentage points higher than that of Southern whites. Where voting participation is combined with the spatial segregation of Negroes in central cities, the increasing political power of Negroes in densely populated urban areas comes as no surprise. This, in turn, will inevitably have long-range effects on the economic, educational, health, family and political status and ultimately upon the level of aspirations of the Negro population.

REFERENCES

[1] United States Bureau of the Census, *Negro Population,* March, 1967, Series P-20, No. 175, October 23, 1968.

[2] Statement by Conrad Taeuber, Associate Director, Bureau of the Census, before the House Committee on Banking and Currency, June 3, 1969.

[3] United States Bureau of the Census, *loc. cit.*

[4] ———, *Special Censuses,* Series P-28, No. 1476, December 6, 1968.

[5] Poverty level: families and unrelated individuals were classified as being above or below the poverty level using the poverty index developed by the Social Security Administration. This index takes into account such factors as family size, number of children and farm-nonfarm residence as well as the amount of money income. The poverty level is based on a minimum nutritionally sound food plan ("economy" plan) designed by the Department of Agriculture for "emergency or temporary use when funds are low." Assuming that a poor family typically spends as much as a third of its income for food, the cost of food in-

cluded in the economy plan was used to determine the minimum total income requirements for a given type of family. A household is statistically classified as poor if its total money income falls below levels specified by the Social Security Administration. These levels are updated every year for the changing cost of the "economy food plan." For a more detailed description of the Social Security Administration's poverty-income standard, *see* Orshansky, M., Counting the Poor: Another Look at the Poverty Profile, *Social Security Bulletin,* January, 1965 and Who's Who Among the Poor: A Demographic View of Poverty, *Social Security Bulletin,* July, 1965.

DISCUSSION

Irene B. Taeuber: Dr. Valien begins his overview with a statement on the relation of the social revolution now occurring to the demographic trends and characteristics of black Americans. Rather than comment on an overview, I shall extend Dr. Valien's statement.

The demography of black Americans is a product of, and component in, the demography of all Americans. The most critical of our population problems today are reflected in the prevalence of demographic diversities among color and subcultural groups. The tests of future population policies, planned and unplanned, will lie in the speed and the completeness of the obliteration of those demographies that can be categorized by the colors of the skin or the subcultures of origin.

The priority accorded the full accommodation of a relatively small minority in the American population may seem peculiar in a population whose continuing formation has involved immigrants and their descendants. The historic processes are doubtfully relevant to the questions of the future of the blacks, the metropolitan areas and the national growth. Ethnic, cultural and nationality groups have differed in the types and timings of their introduction into the American area, in the barriers to acceptance among those already here, and in the difficulties of, and the receptivity to, absorption. The earliest and almost concurrent immigrants were northwestern Europeans and western Africans. Today the blacks are the most native of native parentage of all Americans, excluding only Indians, Eskimos, Aleuts and the few surviving Polynesians of Hawaii. They are not the most backward of American minorities; that honor is reserved for the reservation Indians and the Eskimos. They are not the most advanced of minorities; that honor is reserved for Chinese and Japanese. The blacks are not comparable in demographic processes to the other disadvantaged peoples of the South whose ancestry was of lighter hue. It was blacks who became Americans in slavery and adjusted in independence under conditions approaching serfdom.

There are no standards against which to measure the extraordinary changes in the part of the century that is past or to assess the changes in the three decades that remain. There are distinctive aspects of the migrations of the blacks from agriculture and the rural areas that have intensified the economic difficulties and accentuated those aspects of the nonnuclear family structure that were adjustments in rural areas but maladjustments in cities. The migrations to metropolitan areas within the South and the dispersions to metropolitan areas outside the South occurred as mechanization and automation lessened the availability and the status of urban jobs for which the men were qualified. Advancing educational requirements made marginal not only the functionally illiterate but those with less than high school education. Social aspirations precluded the traditional service occupations. Permeating all the distinctive aspects of the black dispersion, concentration and modernization were the many roles of color in American culture.

The trends in the growth and characteristics of the black population have been summarized by Dr. Valien. The questions of the future do not concern the capabilities of the black population or its potentialities for education, economic and social mobility, the biparental small family or the life of the affluent in élite areas. The critical questions concern the speed of the still incomplete movement from, or adjustment in, the southern areas as well as the speed of the movement toward social and economic equality in metropolitan areas and the achievement of free mobility within them. Neither processes nor resolutions are solely demographic, but the population structures and dynamics that are products of the historic process are among the most critical components in the ongoing crisis. The basis for this conclusion and the depth of the crisis are alike documented in the following statements:

1. The problems of the present and the needs of the future are those of total populations rather than groups within them. The structures, the characteristics and the dynamics of the white and the black populations in metropolitan areas and in states are interrelated. This is true of educational achievement, occupational level and income as well as fertility and mortality.

2. The most sensitive and objective measure of white and black differentials lies in mortality statistics. The lowest infant mortality of blacks is in the central cities of SMSA's of 500,000 and over. The greatest convergence in white and black survival ratios occurs among youth in the ages when death rates have been reduced to very low levels by health and medical activities. The widest divergence is that for men in the ages from 45 to 65, when lifetime experiences are dominant factors.
3. The spectacular adjustment process in recent decades has been the migration to Standard Metropolitan Statistical Areas. The most spectacular component has been the migration of blacks from the South. Today the major component in the increase of the black population in the SMSA's is not in-migration, but natural increase.
4. The adjustments to metropolitan life and the upward mobilities within them are braked by the high rates of reproduction that still characterize major portions of the families. In 1960, the the net reproduction rates for the black population were 1.8 in the Middle Atlantic States, 2.1 in the East North Central States, and 2.3 in the deep South. Differences for populations within and outside SMSA's were slight. In the nation and the regions, the major differences in fertility were those between whites and blacks, not those between metropolitan and nonmetropolitan populations.
5. The relatively high fertility and the high proportions of illegitimacy in the black populations of SMSAs in 1960 reflected transfers of the norms and behavior patterns of the areas of origin to the areas of residence. The most striking illustration is the similarity in overall and in age-specific numbers of illegitimate births per 1,000 women in the deep South and in the East North Central States.
6. The trends in the fertility of the blacks in future years will be influenced both by the rapidity of the upward economic and social movements and by that complex of factors that influences national fertility, white or black, Puerto Rican or Appalachian, northern or southern. Whatever the trends in fertility in the future, the population moving through the various stages of life in future years will be influenced by the relatively high fertility

of the last quarter century. There will be major increases in the number of blacks aged 25 and over in the next quarter century. Increase from 1960 to 1990 will be 109 per cent for those aged 25 to 44, 42 per cent for those aged 45 to 64.

7. The problems of growth in the black population of the deep South have not been solved by the continuing exodus from the subregion. If swift declines in rates of child bearing occur along with continuing out-migration at the rates of the late 1950's and the early 1960's, numbers of infants and children may be declining by 1975. Increase in the numbers aged 18 to 24 will continue to 1975 and beyond, despite the past depletions of those in the childbearing ages and the continuing out-migrations. It will amount to 30 per cent in the decade from 1965 to 1975.
8. The major upsurges in the black population are occurring in the northern metropolitan regions as the children born to earlier migrants mature and in-migrants are added to the population in the productive ages. In the years from 1965 to 1975, numbers aged 18 to 24 will increase 75 per cent in the Middle Atlantic Division, and 92 per cent in the East North Central Division.

Migration, massive as it has been, has not eliminated increase in the deep South. The high fertility of earlier migrants and continuing in-migration are yielding very high rates of increase in young adult populations in the metropolitan areas of the north. These are among the most sobering of the dimensions of the heritage of past dynamics to present and near future dynamics.

This is not a statement of demographic doom or demographic determinism. It is an affirmation of the priorities and the urgencies of those manifold transformations that will eliminate the separable demographies of color, subculture and region.

Dr. Glick: Let me add a footnote to the final point that was made in Dr. Valien's presentation. We have a new report on voting experience of the population in the 1968 election, which includes a comparison with 1964. One of the most interesting results is that whereas the nonwhites *increased* their votes between 1964 and 1968, the white vote *went down*. There is also evidence in our report of an increase in registration of Negroes, particularly in the South.

Dr. Price: I think we should keep in mind an important point Dr. Taeuber brought out, and one that Dr. Valien mentioned, in looking at these differentials. Many of the black-white differentials are accentuated by regional differentials by the concentration of blacks in the South. The black population takes on an undue picture of characteristics that are typical of the South as a whole, and therefore accentuates the black-nonblack differences that exist. The differences are real, but are accentuated by this regional factor.

Dr. Hauser: I want to make an observation that I think will be verified by other types of data that will be considered in the course of this conference. I think one of the great distortions likely to occur in the public mind about advances on the part of blacks in this country, based on analysis of Census data, will come from the fact that the data, for obvious reasons, do not have the qualitative characteristics that might be desired.

For example, I think it would be utterly misleading when the results of the 1970 Census are out to make the observation that blacks are close on the heels of the whites in formal education; as measured by years of schooling completed. That measure will fail utterly to convey what more intensive studies are making quite clear, that 12 years of schooling for the blacks may mean eighth grade reading ability.

Similarly, in connection with the occupational data, there may be serious distortions in interpretation of the increases in proportion of white-collar jobs among the blacks. The use of the broad occupation groups conceals the fact that the black professionals, for instance, are concentrated in a relatively small number of white-collar jobs and are in the least paid of the white-collar jobs.

I do not think that this type of distortion is too likely to occur among the sophisticated as represented around this table, but I do think that it may do much damage in exaggerating the progress that is taking place.

Dr. Irene Taeuber: May I pursue my favorite argument for the improvement of vital statistics analysis? This is also an addition to Dr. Hauser's comments. A recent study of the National Center for Health Statistics shows the age-specific death rates higher for nonwhites than for whites at each educational level. It is apparent that mortality statistics provide a significant documentation of the relative status of blacks and whites in American society. A death rate is the hardest thing there is to argue away.

Dr. Bogue: One of the items that Dr. Valien did not present is school attendance by color. There is a widely held belief that the Negro is a dropout from public school. The school attendance statistics seem to indicate that the Negro population is following the white with a lag of about ten years, now; that school attendance rates of whites a decade ago are characteristic of Negroes today. That is an acceleration of what was a very dismal picture of two decades ago.

The school attendance rates, and the quality of education in metropolitan schools as well as nonmetropolitan schools, both in the South and in the North, are improving, so the distinctions that Dr. Hauser points out probably will be less characteristic in the younger Negro than in the older in 1970.

Dr. Price: This is a point on which Dr. Glick may have the answer. A Census publication a year and a half or two years ago showed that at ages 15–19 or thereabout the proportion of nonwhites attending school had been declining from 1955 to about 1965. I wonder whether there are more recent data on this or what is the status of this trend? Do we have any explanations for it?

Dr. Glick: I remember the trend but don't know what it implies. Between 1955 and 1965, the number enrolled in school at ages 18 to 24 years went up from 18 to 29 per cent for whites and from 14 to 21 for nonwhites, a gain of 11 percentage points for the whites, but only seven for nonwhites. However, by 1968, the rate had risen only two more percentage points for the whites, but five more for the nonwhites.

Dr. Hauser: I would like to ask Dr. Bogue what evidence there is for the improvement in the quality of education among nonwhites. I have failed to see any of it anywhere and I am delighted to know it is happening. What is the evidence?

Dr. Bogue: Among other things, migration. A Negro school in Chicago is poorer than a white school in Chicago, but it is a lot better than a Negro school in the South.

Dr. Hauser: If you are talking about the regional factor, probably yes, but even in Chicago the basic inadequacies are continuing into the next generation whether measured by basic skills, salable skills or citizenship skills. There is certainly no evidence of an improvement in the Chicago school system, or in the District of Columbia school system, and in fact both are probably getting worse.

Dr. Beasley: I would like to ask Dr. Taeuber to comment further on her statement about the age-specific rates of illegitimate births per thousand total women, whether reported as single, married or otherwise in marital status. The patterns on an age-specific basis are the same in the South as in other regions.

Dr. Irene Taeuber: That is correct, subject to the limitations of the definitions of illegitimacy in the group. The legitimacy status of births is reported for most of the states of the deep South, including South Carolina, Georgia, Alabama, Mississippi, Louisiana and Arkansas. It is also reported for the Appalachian states of Kentucky, Tennessee and West Virginia, and for the states of the East North Central Division. The blacks in the East North Central Division are concentrated in the inner areas of great metropolitan centers such as Chicago, Detroit and the Ohio group.

The questions of the precision of the reported marital status are avoided by taking the number of illegitimate births per 1,000 women in an age group without reference to marital status. The rates are many times higher for the nonwhites than for the whites, but there are only slight differences among the rates for the nonwhites in the subregions. The patterns of marriage or nonmarriage and childbearing were transferred directly from the areas of origin in the South to the areas of residence in the North.

Dr. Beasley: Do you think this would then be equated to the fact that one who has a child out of wedlock, let us say, in the Eastern region of which you spoke, is as prone to be counted as having an illegitimate child in the North as when such a child would be born in a southern area?

It is very difficult to measure, for instance, whether or not there is overreporting of illegitimate births in the South, based on a racial prejudicial situation. Perhaps this case of the ratio tending to be the same in the eastern area as in the southern area would tend to make one think that prejudice is equally distributed, or that in fact perhaps southern rates of illegitimacy are not being over-reported.

Dr. Irene Taeuber: You can allow substantial error and still have a sobering indication of the instabilities of the black family. There is some plausibility in the relations of the illegitimate rates, the proportions married in the younger ages and the children ever born per 1,000 women reported as ever married. In 1960, the percentages of the girls aged 15 to 19 reported as married were quite low. The numbers of children ever born per 1,000 total women in these ages were higher in the metropolitan areas of the North than in the deep South. Also, in several instances children born to married women in the year preceding the census numbered more than 1,000 per 1,000 women.

Dr. Thompson: Dr. Valien mentioned the difference between the education of black men and women. This year, for the first time, we will have probably an equal number of Negro boys and girls graduating from high school. Now, 62 per cent of high school graduates in the black community are women, but this trend is changing, and we think that by next year we will have about 50–50 per cent graduating from high shcool.

Dr. Farley: Drs. Valien and Taeuber noted something about the age distribution of the black population. This is quite important to keep in mind; we know there are cohort effects with regard to fertility and mortality. It is true that the black population is much larger at the younger age than at the older age.

In other words, the number of blacks who are entering their twenties at the present time is much larger than the number of blacks who are entering their forties or fifties.

We can also imagine that the younger black population has grown up at a time when there were various court decisions calling for equality, but our social institutions have been very slow in implementing this call. The older black population, perhaps, has different expectations for they grew up at a time when the social climate was even less favorable to equality. I think the age distribution has to be kept in mind in assessing some of the dynamics of the current racial situation.

Dr. Valien: I certainly appreciate the remarks made by Dr. Taeuber and others. I have no specific disagreement with anything that was said. I would like to make one point that I did not pick up in this paper, which might have been taken up in addition to school attendance, and that is a definition the Census uses for the Negro.

I don't presume you want to get into that, but it seems to me the Census is losing a capital opportunity to extend its cultural measurements this year by putting the Racial Identification item "Negro or Black" on the same line.

Dr. Glick: You want two lines?

Dr. Valien: Yes. I guess you are going to report all as Negro?

Dr. Glick: Yes.

Dr. Valien: This is a kind of a subterfuge, isn't it?

Dr. Glick: I can mention one thing that is happening. In the past, in cases where there has been some question as to whether a person should be reported white or Negro; the determining factor was whether either parent was Negro.

This time it is up to the individual to determine, and in case of doubt the instructions say simply to record the race of the father, which is exactly the same thing we do in our country-of-origin statistics; where both parents are of foreign origin we just classify the person by the country of origin of the father.

So if a Negro mother and a white father tell the enumerator they do not know how to classify their child, the enumerator is instructed to record the child as white.

Dr. Valien: May I ask one other question? Are you going to provide some possibilities for self-correction by giving us cross-racial marriages?

Dr. Glick: Yes, we expect to show the number of children in 1970 whose parents were of different races. We showed some data for 1960 in our report, "Women by Children Under 5 Years Old," on parents of different races. Before we introduced self-enumeration in 1960, we had been sensitive about showing any data on intermarriage of racial groups, because usually it was the enumerator at the door who was making the decision about the race of the household members.

But in 1970, as in 1960, every person in the United States will have an opportunity to indicate his own race, using a form mailed to the home.

Dr. Hauser: What about the places for direct enumeration?

Dr. Glick: They will receive a form by mail in advance of enumeration and the enumerator will simply pick it up. If the respondents choose to fill it out they can do so in their own manner. Since the same procedure was followed in 1960, we were able to show a cross-tabulation of the race of the father by the race of the mother.

URBANIZATION OF THE BLACKS

DANIEL O. PRICE

The general pattern of urbanization of the black population is well known, but some of the detailed aspects need to be studied. Two recent articles have appeared that are relevant to this subject, "The Urbanization of Negroes in the United States," by Reynolds Farley,[1] and "Change and Transition in the Black Population of the United States," by Irene Taeuber.[3] Both of these articles as well as other materials have been drawn upon in the preparation of the present paper.

Table 1 shows the percentage of the Negro population and of the white population classified as urban from 1870 through 1960.[2] In the United States as a whole the black population shows a higher percentage urban than does the white only for 1960. Prior to this, the white population had a larger percentage classified as urban. The separate regions, however, show a quite different picture. In every region of the United States except the secessionist South, the black population has been more urban than the white population at all census periods since 1870. In the secessionist South, even in 1960, the black population was not as highly urbanized as the white even though the per cent urban had increased from a little over eight per cent in 1870, to 55 per cent in 1960.

The concentration of the black population in the South and in the rural areas in the South has, until about 1960, made the total black population of the United States more rural than the white population. Thus, the urbanization of the black population has been primarily a record of movement out of the rural South. Table 2 shows the per cent of the total black population in the rural and urban portions of the South from 1870 to 1960. In 1870, over 80 per cent of the black popu-

TABLE I. PER CENT OF URBAN POPULATION BY RACE AND REGION, 1870–1960

Region and Race	*1870*	*1880*	*1890*	*1900*	*1910*	*1920*	*1930*	*1940*	*1950*	*1960*
United States										
White	27.5	30.3	38.4	43.0	48.7	53.4	57.6	57.4	64.3	65.5
Negro	13.4	14.3	19.8	22.7	27.4	34.0	43.7	48.6	62.4	73.2
Northeast										
White	44.2	50.6	62.5	69.0	74.0	75.7	76.9	76.1	78.7	79.1
Negro	54.0	62.7	71.5	78.3	82.6	86.7	89.0	90.1	94.0	95.6
North Central										
White	20.5	23.8	32.7	38.2	44.7	51.6	56.9	57.3	62.6	66.8
Negro	37.2	42.5	55.8	64.4	72.6	83.4	87.8	88.8	93.8	95.7
West										
White	25.3	30.7	37.9	41.2	49.2	53.0	59.6	58.8	69.7	77.6
Negro	44.6	50.8	54.0	67.4	78.6	74.0	82.5	83.1	90.3	92.7
South										
White	13.3	13.1	16.9	18.5	23.2	29.6	33.4	36.8	48.9	58.6
Negro	10.3	10.6	15.3	17.2	21.2	25.3	31.7	36.5	47.7	58.5
Secessionist South										
White	8.8	8.8	12.8	14.9	20.4	26.4	33.0	35.5	48.7	59.2
Negro	8.3	8.5	12.9	14.7	18.8	22.7	29.1	33.7	44.6	55.4
Nonsecessionist South										
White	23.8	24.3	27.6	27.4	29.9	35.8	39.2	40.2	49.7	56.5
Negro	26.2	29.4	38.4	42.1	44.3	49.4	54.7	60.8	71.6	79.3

Source: Price, D. O., *Changing Characteristics of the Negro Population*, A 1960 Census Monograph, United States Government Printing Office, 1969, p. 11.

TABLE 2. PER CENT OF TOTAL NEGRO POPULATION IN RURAL AND URBAN PARTS OF THE SOUTH, 1870–1960

Year	*United States*	*South*		
		Total	*Urban*	*Rural*
1870	100.0	90.6	9.3	81.3
1880	100.0	90.6	9.7	80.9
1890	100.0	90.3	13.8	76.5
1900	100.0	89.7	15.4	74.2
1910	100.0	89.0	18.8	70.2
1920	100.0	85.2	21.5	63.7
1930	100.0	78.7	24.8	53.8
1940	100.0	77.0	28.1	48.9
1950	100.0	68.0	32.5	35.5
1960	100.0	59.9	35.0	24.9

Source: See Table 1.

lation of the United States resided in the rural South, and as recently as 1940, nearly 50 per cent still lived in the rural South. In 1960, only 25 per cent of the black population was still residing in the rural South. Although the concentration of black population in the rural South has steadily decreased, the most rapid change has occurred during and since World War II. The increasing percentage of the black population residing in the urban South indicates that some of the movement out of the rural South was to urban areas of the South, though much of it was to the urban areas in other parts of the United States.

Data are not available for 1965 by urban and rural place of residence, but in 1965, a little less than 54 per cent of the Negro population was resident in the South. Trends would indicate that this represents a still further decline in the proportion living in the rural South.

The trends in outmigration from rural areas of the South indicate that a cohort of blacks born in the rural South during the present decade will have only 25 per cent of the group surviving in the rural South by the time they are 30 years of age. Inasmuch as few blacks live in rural areas of other regions, this represents further urbanization of the black population. Even though the proportion of blacks residing in the South has declined consistently since 1870, the actual number of blacks residing in the South continued to increase through 1960.

The changes in the black population of the South since 1960 are not completely clear. The Census publication "Americans at Mid-Decade"[5] indicates an actual loss in total number of Negroes in the South between 1960 and 1965, a loss amounting to 0.2 per cent each year during this five-year period, while the white population was increasing by 1.1 per cent each year. The Census-Bureau of Labor Statistics Publication "Recent Trends in Social and Economic Conditions of Negroes in the United States: July 1968"[6] states:

> Nonwhites continue to leave the South but in decreasing numbers. New data show that average annual out-migration in recent years is about half of what it was in the forties. Despite migration, the number of Negroes in the South has increased.

Tables 1 and 2 have shown the urban movement of the black population of the United States. It is important to take a look at the effects of this movement on the urban population in terms of the percentage of the urban population classed as black. Table 3 shows this for the United States and for the regions both urban and rural. For example, in 1870, when 12.7 per cent of the United States population was black, only 6.6 per cent of the urban population was black. By 1960, the per-

TABLE 3. NEGRO POPULATION FOR THE CONTERMINOUS UNITED STATES AND REGIONS, URBAN AND RURAL, 1870 TO 1960

	Per Cent Negro		
Area and Year	*Total*	*Urban*	*Rural*
United States			
1870	12.7	6.6	14.8
1880	13.2	6.7	15.7
1890	11.9	6.5	14.9
1900	11.6	6.5	15.1
1910	10.7	6.3	14.5
1920	9.9	6.6	13.4
1930	9.7	7.5	12.4
1940	9.8	8.4	11.6
1950	10.0	9.7	10.4
1960	10.6	11.1	9.4
1965	11.0	na	na
Northeast			
1870	1.5	1.8	1.2
1880	1.6	2.0	1.2
1890	1.6	1.8	1.1
1900	1.8	2.1	1.3
1910	1.9	2.1	1.3
1920	2.3	2.6	1.3
1930	3.3	3.8	1.6
1940	3.8	4.5	1.7
1950	5.1	6.0	1.5
1960	6.8	8.1	1.5
1965	7.9	na	na
North Central			
1870	2.1	3.8	1.7
1880	2.2	3.9	1.7
1890	1.9	3.2	1.3
1900	1.9	3.1	1.1
1910	1.8	2.9	0.9
1920	2.3	3.7	0.8
1930	3.3	5.0	0.9
1940	3.5	5.4	1.0
1950	5.0	7.3	0.9
1960	6.7	9.3	0.9
1965	7.8	na	na
West			
1870	0.7	1.2	0.5
1880	0.7	1.1	0.5
1890	0.9	1.3	0.6
1900	0.7	1.2	0.4
1910	0.7	1.2	0.3
1920	0.9	1.2	0.5
1930	1.0	1.4	0.4
1940	1.2	1.7	0.5
1950	2.9	3.8	0.9
1960	3.9	4.7	1.2
1965	5.6	na	na

TABLE 3. (CONTINUED)

Area and Year	Per Cent Negro Total	Urban	Rural
South			
1870	36.0	30.3	36.8
1880	36.0	31.2	36.7
1890	33.3	31.7	34.2
1900	32.3	30.9	32.6
1910	29.8	29.2	30.3
1920	26.8	24.2	28.0
1930	25.0	23.9	25.6
1940	23.8	23.6	24.0
1950	21.7	21.3	22.1
1960	20.6	20.5	20.6
1965	19.5	na	na
Secessionist South			
1870	41.5	40.1	41.7
1880	41.3	40.4	41.4
1890	38.0	39.0	38.9
1900	37.9	37.5	37.9
1910	35.4	33.6	35.8
1920	32.1	28.9	33.2
1930	29.2	26.5	30.1
1940	27.9	26.9	28.5
1950	24.8	23.2	26.2
1960	22.7	21.6	24.3
Nonsecessionist South			
1870	17.2	18.6	16.8
1880	16.8	19.6	15.9
1890	14.9	19.8	12.8
1900	13.3	19.3	10.8
1910	10.8	16.6	9.5
1920	10.7	14.2	8.6
1930	11.0	16.3	7.9
1940	10.4	15.0	7.1
1950	11.0	15.2	6.5
1960	12.6	16.8	6.4

Source: See Table 1.

centage of the urban population classed as black had increased to 11.1 per cent; the percentage of the total population black had declined to 10.6 per cent. The South, of course, as a region has had the highest percentage of its urban population classed as black during the entire period since 1870. The percentage of its urban population classed as black has declined from approximately 30 per cent in 1870 to about 20 per cent in 1960. This decline in percentage of the urban population classed as black at the same time as an increase in the per cent of black population classed as urban in the South results from the more rapid increase of urban whites in the South. Because rural blacks are concentrated almost entirely in the South, the urbanization of the black population is reflected in changes in the black population of the South. The patterns of change in the South since 1960 are not clear and the data are not entirely consistent as discussed above.

As Irene Taeuber points out,[3] nonwhite migration economically involves departure from agriculture and contributes to the formation of metropolitan populations. Taeuber points out that those states that in 1960 had less than 50 per cent of the population in Standard Metropolitan Statistical Areas had experienced a net outmigration of nonwhites every decade since 1910. Those states with 75 per cent or more of their population residing in Standard Metropolitan Statistical Areas in 1960 have had net inmigration every decade since 1900.

> In the half-century from 1910 to 1960, the increase of the black population was greater within than outside metropolitan areas. The number outside metropolitan areas increased 8.1 per cent from 1900 to 1910 then declined each decade from 1910 to 1960 with the exception of the '30s. Within metropolitan areas, there was initial and increasing concentration in central cities. In 1900 the percentage of the Negroes in metropolitan areas who lived in central cities was 54.5; in 1930 it was 72.8; in 1960 it was 79.6. The percentage of the population black in the central cities was 6.5 in 1900, 16.7 in 1960. The percentage of the black population of the United States in the central cities of the metropolitan areas was 14.5 in 1900, 30.6 in 1930, 51.5 in 1960.[3]

The increasing urbanization of the black population is seen in the fact that between 1960 and 1967, the Negro farm population declined by approximately 53.0 per cent while the white farm population dropped 26.2 per cent.[7] Between 1960 and 1968, an apparent leveling off and decline occurred in the number of Negroes in central cities of metropolitan areas.[6] (The figures in this report differ slightly from those in P-20, No. 181, April 1969, "Population of the U.S. by Metropolitan-Nonmetropolitan Residence: 1968 and 1960.") It is interesting that this apparent decline of approximately 200,000 blacks in the central cities of the metropolitan areas was accompanied by a continuing increase between 1966 and 1968 in the number of nonwhites in the central cities of metropolitan areas. These differences may be the result of sampling variation, but would seem to indicate that other nonwhite groups were moving into the central cities of metropolitan areas at higher rates during this period than were blacks. This is possibly caused by the urbanization of the American Indian. The number of blacks in the suburbs of metropolitan areas increased twice as much between 1966 and 1968 as between 1960 and 1966. This is more frequently because of the development of black suburbs than of integration in the suburbs.

This urbanization of the black population, which is primarily a movement out of Southern rural areas, has tended to move better-educated blacks from rural to urban areas. Prior to 1950, the outmigrants from Southern rural areas tended not to include disproportionate numbers of well-educated blacks, apparently because of a certain degree of sheltered employment of black college graduates teaching in segregated schools. Following 1950, a high rate of outmigration of college-educated blacks from Southern areas is seen. However, even though the outmigrant blacks from Southern rural areas are in general better educated than the nonmigrants living in these areas, their level of education is not sufficiently high to increase the educational level of blacks in urban areas. For example, data provided by Irene Taeuber[3] show that of the black population residing in Boston in 1960, 24 per cent had less than eight years of schooling. Of the inmigrants to Boston between 1955 and 1960, those not from Standard Metropolitan Statistical areas had 29 per cent with less than an eighth-grade education. Differences are in the same direction in most metropolitan areas with the exception of a few Southern metropolitan areas, such as Baltimore, Washington, D. C. and Houston, Texas.

It should also be pointed out that the inmigrants to these metropolitan areas from nonmetropolitan areas also included a higher proportion of blacks with four or more years of college than were present in the metropolitan population. Migration into these metropolitan areas from nonmetropolitan areas tends to be selective of the extremes of education, but the disproportionate number in the lower educational categories more than offsets the number in the higher educational categories. The patterns of educational selectivity of black outmigrants from the South remind one of the story of the student who flunked out at University A and entered University B, thereby raising the scholastic averages of both schools. In this case the reverse situation occurs, where the outmigration lowers the educational level in the South and also serves to lower it in the receiving areas of the North. Between 1950 and 1960, the median education level of nonwhites did not increase as much in any region of the United States as it did in the total United States.

In addition to educational differentials of the migrants, age differen-

TABLE 4. DEPENDENCY RATIOS AND PER CENT UNDER 15 AND OVER 65 YEARS OF AGE BY REGION, URBAN AND RURAL AND COLOR, 1960

	Northeast		*South*		*North-Central*		*West*	
	Urban	*Rural*	*Urban*	*Rural*	*Urban*	*Rural*	*Urban*	*Rural*
Dependency ratio								
White	603	709	626	686	661	761	654	702
Nonwhite	617	598	892	986	736	633	688	509
Per cent under 15								
White	27.2	32.2	30.2	32.0	30.0	34.5	30.6	33.4
Nonwhite	33.0	31.3	37.0	42.3	37.0	29.9	36.8	30.0
Per cent 65 and over								
White	10.5	9.2	8.3	8.7	9.7	10.3	9.0	7.9
Nonwhite	5.1	6.1	6.6	7.3	5.4	8.8	4.0	3.8

Note: Dependency ratio is the number of persons under 15 and 65 and over per 1,000 persons aged 15 to 64.

Source: U.S. Census of Population: 1960, Volume 1, CHARACTERISTICS OF THE POPULATION, Part 1, *U.S. Summary*, Table 233.

tials have important economic consequences. Table 4 shows the dependency ratio for urban and rural areas by region and color. (The dependency ratio is computed as the ratio of those under 15 and over 65 to those between 15 and 65.) Among nonwhites the highest dependency ratio in 1960 was in the rural South where the ratio was almost one person of "dependent age" to each person of "labor force age." This is a consequence of high birth rates and outmigration of young adults. The next highest dependency ratio was among nonwhites in the urban South, 892. Nonwhites in urban areas of the Northeast and Northcentral regions had dependency ratios higher than whites in these same urban areas, but also had dependency ratios considerably lower than those of nonwhites in the urban or rural South. These dependency ratios in the rural and urban South and in urban areas outside of the South are inversely related to the incomes of nonwhites in these areas. That is, those areas with the highest dependency ratios have the lowest incomes. Because nonwhites in the rural South have the lowest incomes and the highest burden of support, it is not surprising that outmigration continues from this area.

The relatively high dependency ratio, 892, in urban areas of the South suggests that it is important to look at the extent to which urbanization of blacks is a Southern phenomenon as contrasted with other parts of the United States. Table 2 shows that in 1960, 35 per cent of the black population of the United States lived in urban areas of the South. Approximately the same percentage of the total black popula-

TABLE 5. CITIES OF 100,000 OR MORE POPULATION AND 20 PER CENT OR MORE BLACK POPULATION RANKED BY PER CENT BLACK, 1960

Rank	*City*	*Per Cent Black*
1	Washington, D.C.	53.9
2	Richmond, Va.	41.8
3	Jacksonville, Fla.	41.1
4	Birmingham, Ala.	39.6
5	Gary, Indiana	38.8
6	Atlanta, Georgia	38.3
7	Nashville, Tenn.	37.8
8	New Orleans, La.	37.2
9	Winston-Salem, N.C.	37.1
10	Memphis, Tenn.	37.0
11	Jackson, Miss.	35.7
12	Savannah, Ga.	35.5
13	Montgomery, Ala.	35.1
14	Baltimore, Md.	34.7
15	Shreveport, La.	34.4
16	Portsmouth, Va.	34.2
17	Newark, N.J.	34.1
18	Newport News, Va.	34.0
19	Chattanooga, Tenn.	33.3
20	Mobile, Ala.	32.4
21	Baton Rouge, La.	29.8
22	Beaumont, Texas	29.3
23	Detroit, Mich.	28.9
24.5	Cleveland, Ohio	28.6
24.5	St. Louis, Mo.	28.6
26	Charlotte, N.C.	27.9
27	Columbus, Ga.	26.7
28	Philadelphia, Pa.	26.4
29.5	Greensboro, N.C.	25.8
29.5	Norfolk, Va.	25.8
31	Little Rock, Ark.	23.5
32.5	Camden, N.J.	23.4
32.5	Manhattan, N.Y.	23.4
34	Kansas City, Kansas	23.1
35.5	Chicago, Ill.	22.9
35.5	Houston, Texas	22.9
37	Oakland, Calif.	22.8
38	Trenton, N.J.	22.5
39	Miami, Fla.	22.4
40	Dayton, Ohio	21.8
41	Cincinnati, Ohio	21.6
42	Indianapolis, Ind.	20.6

Source: Bureau of the Census, *County and City Data Book, 1967*, Table 4.

TABLE 6. STANDARD METROPOLITAN STATISTICAL AREAS WITH 20 PER CENT OR MORE BLACK POPULATION RANKED BY PER CENT BLACK, WITH PER CENT LIVING IN CENTRAL CITY BY COLOR, 1960

			Per Cent Living In Central City	
Rank	*S.M.S.A.*	*Per Cent Black*	*White*	*Black*
1	Jackson, Miss.	40.0	82.7	69.0
2	Montgomery, Ala.	38.1	83.2	73.2
3.5	Charleston, S.C.	36.3	23.5	42.7
3.5	Memphis, Tenn.-Ark.	36.3	78.4	81.0
5	Birmingham, Ala.	34.6	49.5	61.5
6	Albany, Ga.	34.3	71.7	78.0
7.5	Savannah, Ga.	34.0	77.3	83.0
7.5	Shreveport, La.	34.0	58.0	59.2
9.5	Mobile, Ala.	32.1	64.3	65.0
9.5	Monroe, La.	32.1	42.6	69.7
11	Durham, N.C.	32.0	65.7	78.8
12	Baton Rouge, La.	31.7	68.1	62.3
13	Macon, Ga.	31.0	31.2	55.3
14	New Orleans, La.	30.8	65.5	87.3
15	Augusta, Ga.-S.C.	29.5	25.4	49.8
16	Columbus, Ga.-Ala.	29.0	55.3	49.4
17	Columbia, S.C.	28.9	36.6	39.2
18	Newport News-Hampton, Va.	27.7	89.6	92.5
19	Tyler, Texas	27.0	63.2	48.9
20	Richmond, Va.	26.3	42.4	85.7
21	Norfolk-Portsmouth, Va.	26.0	70.6	78.6
22	Raleigh, N.C.	25.9	57.4	50.0
23.5	Charlotte, N.C.	24.5	70.7	84.3
23.5	Texarkana, Tex.-Ark.	24.5	53.2	59.0
25	Washington, D.C.-Md.	24.3	23.0	84.5
26	Winston-Salem, N.C.	24.1	48.7	90.2
27	Jacksonville, Fla.	23.2	33.9	78.1
28.5	Atlanta, Ga.	22.8	38.3	80.6
28.5	West Palm Beach, Fla.	22.8	23.2	29.6
30	Baltimore, Md.	21.9	45.4	86.0
31	Little Rock-North Little Rock, Ark.	21.4	66.6	74.3
32.5	Galveston-Texas City, Tex.	21.3	67.6	82.2
32.5	Tuscaloosa, Ala.	21.3	57.2	81.4
34	Lynchburg, Va.	21.0	50.1	47.7
35.5	Greensboro-High Point, N.C.	20.8	71.4	82.1
35.5	Lake Charles, La.	20.8	43.1	45.2
37	Beaumont-Pt. Arthur, Tex.	20.6	53.7	87.7

Source: U.S. Census of Population, 1960, Selected Area Reports. *Standard Metropolitan Statistical Areas*, Final Report, PC(3)-1D, Table 1.

TABLE 7. CITIES OF THE UNITED STATES WITH MORE THAN 100,000 BLACKS IN 1960

City	*Black Population*	*Per Cent Black*
New York	1,088,000	14
Chicago	813,000	23
Philadelphia	529,000	26
Detroit	482,000	29
Washington, D.C.	412,000	54
Los Angeles	335,000	14
Baltimore	326,000	35
Cleveland	251,000	29
New Orleans	234,000	37
Houston	215,000	23
St. Louis	214,000	29
Atlanta	186,000	38
Memphis	184,000	37
Newark	138,000	34
Birmingham	135,000	40
Dallas	129,000	19
Cincinnati	109,000	22
Pittsburgh	101,000	17

tion lived in urban areas outside of the South. Thus, the urbanization of the black population is just as much a southern phenomenon as it is a phenomenon outside the South. The usual perception of urban blacks is in urban centers such as New York, Chicago and Detroit, although just as many live in Southern urban areas.

Table 5 lists the 42 cities of 100,000 or more population in 1960, that also had 20 per cent or more black population. Among the first half of these with the highest per cent of black population, only two, Gary, Indiana, and Newark, New Jersey, are outside the census South. Considered as a whole, a disproportionate number of these cities with more than 20 per cent black population are in the South.

Tables 6 is a list of the 37 standard metropolitan statistical areas that had more than 20 per cent black population in 1960. Not a single one of these areas lies outside of the census South.

In terms of actual numbers of Negroes, one might consider those 18 cities in the United States that in 1960 had more than 100,000 blacks each. This list is shown in Table 7. Just half of these are in the census South and the rest in other parts of the United States. Thus, the largest concentrations of urban blacks are outside the South, but most of the urban areas with large proportions of blacks are in the South, and number of blacks in urban areas is about the same in the South as outside the South.

During the past hundred years, the black population of the United States has redistributed itself beginning with the situation in which over 80 per cent resided in the rural South. In round figures, approximately 25 per cent still resides in rural areas of the South, about five per cent in rural areas in other parts of the country and the remainder evenly distributed between urban areas in the South and urban areas outside of the South. However, the distribution in urban areas is not uniform. In 1960, nine cities outside of the South each had over 100,000 blacks even though all of the standard metropolitan statistical areas with more than 20 per cent of the black population were in the census South. The black population shows a very low concentration in small cities outside of the South.

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DISCUSSION

Joseph S. Himes: In this paper Professor Price has examined the phenomenon of the geographic redistribution of the American Negro population. Perforce he has not only stressed their continuous urbanization but also has revealed the steady decline of the rural sector. His analysis of census data leads him to observe that urbanization of the blacks is a nationwide development, the proportion being about the same in southern and nonsouthern regions.

In addition, Professor Price's analysis has considered several of the demographic correlates of urbanization. He has noted the uneven rate of urbanization over a hundred-year period and compared rates of urbanization of blacks and whites. He has given passing attention to the phenomena of suburbanization of the black population and migration selectivity as to age and educational level. This kind of analysis significantly enhances the relation of demographic data to social behavior and societal trends.

Further, one important latent function of this paper is the fact that it suggests directions and indicates some of the questions for further demographic inquiry. This is an important contribution of this kind of paper to this kind of seminar, for obviously time and space limitations did not permit an exhaustive examination of the relevant demographic data. Let me suggest a few of the relevant questions raised by this paper.

The data in this paper indicate that the black urban sector is growing by in-migration from rural localities. Yet, it is evident that the urban sector also grows by natural increase. It would be socially useful to know the relative proportions of these two sources of urban increase, and whether the relation of these proportions is the same for southern and nonsouthern cities, and whether it is changing. There is much evidence that indicates that the urban-born black population has different characteristics and reacts differently from the in-migrant sector.

Professor Price comments casually that there is some evidence of suburbanization of the black urban population. He believes that most of this movement occurs into all-black suburbs. I think we need to know a good deal more about this intra-urban trend. Does the evidence actually reveal that most suburbanization of blacks is into all-black suburbs? Is, as is suggested in some quarters, suburbanization selective of the abler as well as the more affluent blacks, thus producing a kind of racial brain drain from the black central city? If so, this trend has significant social consequences.

Professor Price presents some data on educational and age selectivity of migration of blacks to cities. We need to know a good deal more. Particularly, we need some data on sex selectivity and categoric age selectivity. Data describing the age, sex and educational and occupational characteristics of in-migrants to black urban centers will tell a good deal about the kind of people to be found in these places. Manifestly such information is of crucial importance for social understanding and for social policy.

These brief comments are enough, I think, to suggest the kinds of directions to be taken and questions to be asked in further investigation of the urbanization of American blacks. Let me mention one final query. What can we reasonably expect in the forseeable future? If we construct demographic projections along all these and other lines of inquiry, what can we expect the shape of the urban black population to be in mid 1970's or at the end of the decade? The relevance of such projections for social policy and social actions is, I think, self-evident.

Dr. Hauser: I have a partial answer, I think, to some of the questions asked by Dr. Himes, and I think a supplement to what Dan Price has presented.

My colleague, Patricia Hodge and I prepared for Paul Douglas, in his capacity as Chairman of the Commission on Urban Problems under President Johnson, some projections of white and nonwhite populations to 1985 by region, and within regions by metropolitan and nonmetropolitan area, and by some broad age groupings.

Those projections were made before the Census Bureau had its findings on changes in levels of inmigration of blacks and also greater outmigration of whites from central cities to rings that began in 1966–1967. The projections might be modified by this, but I will indicate their general directions.

In brief, I think what is relevant here is that, should the trends continue, by 1985 you would have 75 per cent of all blacks in the metropolitan areas in central cities and 25 per cent in the rings or suburbs.

The same trends would give 70 per cent of all whites in the suburbs, and 30 per cent in the central cities. That is very definitely the pattern reinforcing the present apartheid distribution.

The new data that have come in from the Census, some of which, I think, are unstable, would probably emphasize the proportion of whites that would be in the suburbs.

Short of an unanticipated drastic reversal of trends, we can look forward pretty much to seeing more of an apartheid society between central city and suburb.

The age patterns, also based on trends, indicate increasing proportions of black youth, of course, in central cities, because of the tremendous disproportion of the increase of young blacks as compared with young whites.

The results have been published and are available through the Urban Problems Commission headed by former Senator Douglas. The patterns there, I think, would also help answer the questions Dr. Himes raised about the social implications. That is, we can look forward to more difficult problems in central cities in terms of educational needs, in terms of job opportunities and so on. The problems will be more horrendous than those we already face in our central cities, particularly with respect to employment opportunities and education for the blacks.

Dr. Lawrence: I was struck, in listening to Dr. Price, by the matter of selective migration, which he emphasized less in his paper than in his remarks. On the one hand I get the impression that there is a positive selection in terms of education from South to North. At the same time it is stated—and we have every reason to believe—that the migration in general is from the rural South to metropolitan areas, North and South.

Given the nature of the push from the South, the rapid rationalization of southern agriculture, is it likely that we also have the positive educational selection for those who remain? Functional literacy is a necessity in highly mechanized farming. Is it not likely that we have a bimodal selection? In other words are the people now being forced out of agriculture and into cities likely to be the less well-educated who can no longer work in agriculture? Is there any evidence on this?

Dr. Teele: I think Dr. Price said that the suburbanization of the blacks never took place in the North, that it is predominantly a Southern phenomenon. I was wondering, however, whether he has any data on the proportion of blacks in northern white communities under 100,000 over a long period of years? I have read or heard of blacks who lived in New England during the nineteenth century and I have heard that they lived in communities like Lynn, Newton and Great Barrington, in larger numbers than at present.

Dr. Price: Dr. Teele's question is interesting and important, but I have no information on this, and do not know how to answer it.

Another interesting point here is the proportion of the black population increase that is due to natural increase and the proportion due to migration. This is an important question but I do not have the data here to answer it.

The hypothesis for which there is some evidence is that the black migrants from the rural South to a city such as Chicago move up economically much more rapidly than do the native Chicago blacks of the same age and education. This has come as a surprise to most of us. We did not expect it. We thought the rural black migrant was handicapped, and yet there is some evidence that he actually moves up faster economically than does the native-Chicago black with similar education. These indications are from preliminary figures, and we are trying to get some additional hard data on this, but three different studies have all yielded the same tentative conclusion.

As for selectivity, there is heavy educational selectivity that relates to the age of migration. The typical pattern of migration to an urban area seems to be that of moving at the time of high school graduation, if graduation takes place. This pattern is one of the findings in a study we were doing of migrants from Mississippi to Chicago. We took every black we could locate who had moved to Chicago and tried to match him with a similar black in Yazoo County—our point of origin—who had not moved, and we very soon ran out of people in Yazoo of the same age who had high school education. There was almost a dichotomy. If they did not have a high school education they stayed in Yazoo; if they had a high school education they moved to Chicago. It was not as sharp as this, but the timing of migration tended to be very soon after the completion of high school.

We found no particular sex selection. Males and females seemed to be moving out at similar rates.

Occupationally nearly all of the blacks moving into Chicago have gone into blue-collar and skilled occupations. Some are in service occupations, but the predominant number are in blue-collar and skilled work. Incomes of some of the migrants surprised us. We used a card that asked: "Which of the following categories reflects your income?" The upper income category was "$8,000 and over." A surprising proportion of our blacks was in this top category.

The problem that the educational selection of those from agriculture appears to be those with less education gets into the problem of the rates of outmigration at specific educational levels, contrasted with the median educational level of total migrants.

The better educated have much higher rates of outmigration from the South, but most of the southern blacks have very little education. Even with lower rate of outmigration among those with little education, the median level of education of total outmigrants would be low. This is the problem of rate versus median.

Dr. Valien: Dr. Price, did you do anything on the selectivity of the returning migrants to the South. I did this several years ago and was surprised to find that when we did it on that basis the differentials were not found.

Dr. Price: These are Census data, and the blacks that have migrated to the South having been born in the South have considerably lower levels of education than those who are migrating to the South having been born outside of the South. I refer to the one group as "returnees," and to the others as "missionaries." I do not think these are quite fair terms, but nevertheless they do reflect real differences in level of education. We are now in the process of trying to trace a group that moved from the rural South to northern urban areas and back to the South again, in terms of determining motivation and their experiences.

Dr. Valien: Ten years ago I was trying to see the point at which migrants from rural areas assimilated or acquired birth control mores of the urban city group. I took a group of migrants in an urban area and tried to get their length of residence in the area, and then tried to measure their attitudes towards birth control. It was a very interesting thing. I pinned it down, I think, to 15 years of residence in the city. That seems to have been about the point when attitudes toward birth control were similar to those of persons born in the city.

Dr. Price: There is another interesting point, here, which I think is analogous, and that is the motivation for migration. How was it that the person actually got to the metropolitan area? We are studying Mexican Americans as well as Negroes, and we find that the Mexican American migrants who moved from south Texas to Chicago are quite different from the Mexican Americans who moved from south Texas to San Antonio.

Those in Chicago were much more like rural Mexican Americans in Texas than were those in San Antonio. Further investigation gives us good evidence that Mexican Americans in Chicago got there fortuitously by dropping out of the migrant labor stream. They did not get there by being deliberate migrants to the urban area. One does drop out of the migrant labor stream in San Antonio. One moves there, and therefore, one may have a different set of characteristics. I think that the same thing may well follow with other groups if we try to look at the motivation and how a person got from where he was to the metropolitan area.

Dr. Thompson: There are two points, and one of them is about this returning from the North to the South. In former years, Negro college graduates found more opportunity in the Negro institutions in the South than they did in the North. Only recently have they become high school principals in New York City. Detroit is just beginning to add more black high school teachers.

I wish there could be some comparison between the brain drain in the white group and the black group in the South. Houston and Dallas seem to be maintaining their intellectuals much better than are New Orleans, Mississippi and so forth.

The big cry in the southern cities is that they are losing their ablest white as well as their ablest black high school and college graduates. Northern industry has done a great deal, I know, for the black community. Esso, Standard Oil and IBM employ Negro college graduates, but they usually transfer them to Philadelphia or other Northern places.

So, because of the lack of opportunity, the Negro graduates do not remain in the South. This has been learned by some of the industries that move South—the whole space age complex in New Orleans had to bring in much of their professional help. They received from Philadelphia and other places, the educated engineers and so forth that we could not supply at the local level.

So I am thinking that the selective outmigration of blacks ought to be put in a much broader context. Stouffer gave up his theory of intervening opportunity before his death. I think that it is the lack of opportunties in the South for the technically and otherwise skilled people, rather than special love for Chicago that has induced migration. There is a push as well as a pull.

Dr. Hauser: The 1970 Census results might conceivably disagree with the generalization you just made. I think the record will probably show that some of the migratory movements we are talking about are tied in which the fact that, since 1955 or thereabouts, the South has reversed previous patterns and become an area of inmigration rather than of outmigration. The metropolitan South, for instance, has become increasingly attractive to migratory streams of blacks in the

South, and worse than that, I suppose, from the southern standpoint, they have also attracted a net migration of whites, as well as undoubtedly some blacks from the North. This may have great portent for what goes on in the South. For example, studies of differential voting over the years indicate that rising Republicanism in the South represents not a change in the attitudes of the southerners, but reflects an invasion of the Yankees from the North.

This has implications for the social structure and the role of the blacks. In other words, the 1970 data may show some interesting reversals from the past, so far as opportunities and streams of migration are concerned.

A final thought: Stouffer's model has been greatly improved by one of our students, Omer Galle, by making it a predictive rather than a descriptive model. I would suggest that you may want to take a look at that model in accounting for some of these patterns that we are talking about.

Dr. Edwards: I don't think Dr. Price has answered the question raised by Dr. Himes, about the Negroes who move to suburbs. The statement in the text is that most of these are found in Negro suburbs. I take it that Dr. Price means that these are all-Negro areas rather than just Negro pockets.

Our experience has been that there has been great growth of these pockets around the cities where Negroes have been located for a great many years.

I think now that certain forces may be entering the picture. I, myself, believe that Negroes would be leery of going to suburbs until a number of social things exist—the opportunities for families to be accepted as families; for children to be accepted in school and so on.

I believe there will be a takeoff at some point when substantially larger numbers of Negroes would move to suburban areas, and that time may well have come. There may be overriding factors in the picture today affecting the young Negro family about to enter the homeowner's market: the high interest rates on mortgages and the tremendous cost of land and housing in the central city. I know that these things are driving many Negroes into suburban housing.

I don't want to make a play on words. The word "integrated" may be a little too strong, but Negroes are, indeed, moving into suburbs where whites are found. Over and above all of that, my feeling is that although laws don't change everything, there is an increasing amount of pressure being brought upon realtors and others, so that generally the impact of a move to the suburbs for Negroes today is less severe than in past periods.

I didn't mean to make a long statement, but I would like to hear what evidence Dr. Price has that the suburban move on the part of Negroes is toward all-Negro suburbs.

Dr. Karl Taeuber: I could speak briefly to that. In the North to some extent and especially in the South, there have been scattered pockets of Negroes—rural villages, shacks for domestics or laborers—brought within the metropolitan sphere as the city has grown. So we have a large Negro population in the South outside of the central cities, but within the current metropolitan domain. This is not the kind of "suburbia" that we usually talk about, but this is what the data largely refer to.

On the specific question of what happens to these people, we just do not have very good data. We do know that up to 1960 a large part of the increase in suburban population around northern cities was in pockets or "minighettos." Not very much has been in all-black communities, because there were very few of those. But the kind of scattering that Dr. Edwards was talking about was not very evident in the 1960 data, and we do not yet have 1970 data. The mid-decade Censuses that Farley and I looked at did not show very much scattering. Rather there was growth of Negro population concentrations in Mount Vernon (New York), and other old suburban communities.

I don't know what to forecast for the 1970's. Each prognosticator must guess if there is a new trend of major magnitude really under way.

Dr. Notestein: Mine is only a question. Is it still true that the suburban whites have higher income and higher education than do the metropolitan whites, but the metropolitan Negroes have higher education and higher income than do the suburban Negroes?

Dr. Farley: That seems to have changed during the 1960's. It is impossible to tell really, but it is probable that by the 1970's the suburban blacks, in the North, anyway, will have higher socioeconomic status than the central-city blacks, reflecting the migration of well-educated blacks from the city to the suburbs.

Dr. Liebow: I would like to comment briefly on Dr. Price's striking finding about inmigrants in Chicago doing much better than the indigenous blacks.

One of the researchers in our office did a five-year study of peer group formation and peer group associations among black teenagers in an all-black community just outside of Washington. To me, his most striking finding was that the kids and young men who were not well-integrated into one or another peer group invariably did much better in school and elsewhere than those who were. For whatever reason they were not accepted and did not participate fully in peer group life, but they fared better in school than those who were well integrated into their local peer groups.

There may be a tenuous analogy here with the inmigrant blacks in Chicago. It may well be that the inmigrants, unable to break into the ongoing social life very easily, and unable to establish an integrated life with their peers who were already there, are, for the same reasons as the kids, also faring better in education and jobs.

Dr. Irene Taeuber: I wish to comment on the speed and the diversity of the movements and an exciting research field that is insufficiently cultivated. In the Washington metropolitan area, the population in a northeastern area close to Catholic University has fairly low fertility and relatively low rates of illegitimacy. The characteristics of people and area belie almost all the prevalent generalizations about areas where blacks have replaced whites. There is movement out to the district line and beyond. Blacks and whites mingle in the shopping centers. In this moving sector of a metropolitan population, middle-class blacks are pushing out beyond the present area of residence. Contact if not mingling pushes ahead of the residential out-movement.

It is difficult to predict the events that will occur, but the process of expansion outside the central city is now fact.

There is another series of significant situations where the central city has been absorbed in a metropolitan county. The arbitrary lines that separate educational and other institutions are abolished. Tax bases should be metropolitan rather than separate between the inner poor and the outer affluent.

So there may be a different pattern evolving in metropolitan relations, and it may have implications that extend beyond the simple alleviation of the deprivations of the blacks.

PATTERNS OF NEGRO-WHITE RESIDENTIAL SEGREGATION

KARL E. TAEUBER

Racial residential segregation is a component of both the racial and urban crises that dominate America's current list of domestic social problems. A large literature considers residential segregation as a problem, though the analyses and prescriptions vary according to whether the perspective adopted is basically urban or basically racial. A smaller but still substantial literature takes a more scholarly (though not necessarily less passionate) approach, and again one would differentiate an urban from a race perspective.

To the student of the city, racial residential segregation is one example of the residential segregation that occurs among households of differing income, occupational status, life style, size, composition, places of work and other traits. All types of residential segregation, in turn, are but one aspect of the more general subject matter of location theory, the distribution of activities in space.

To the student of race relations, residential segregation is allied with occupational segregation and a whole gamut of racial aspects of the system of social stratification in the United States.

In accord with the demographic focus of this conference this paper will review quantitative empirical studies of racial residential segregation that have arisen out of the urban sociology perspective.[1]

A tour of any large city in the United States reveals some neighborhoods inhabited mainly by blacks and others where only whites are in evidence. Although most discussion of segregation treats it as something that happens to blacks, at this observational level segregation is a relation between the two groups: it happens to both. Segregation is simply variance among neighborhoods in racial composition. If every neighborhood had black and white residents in the same proportion they compose the total urban area, that would be a situation of no segregation.

For quantification of the degree of racial residential segregation, it is necessary to know only the racial composition of every neighborhood. Various specific measures have been proposed for indexing the heterogeneity in a city's neighborhood racial composition. No single measure is best for all purposes, but for an assessment of segregation levels and trends among a large set of United States cities the index of dissimilarity is most useful.

The index was used to compile an extensive set of segregation indices. Indices were calculated from the "Block Bulletins" of the 1940, 1950 and 1960 Censuses of Housing. City blocks are the smallest "neighborhood" for which extensive data on racial composition are available. The index ranges from a low of zero, in areas of no segregation, to 100 if every block is either all nonwhite or all white. Specific values between zero and 100 specify the percentage of the population of either race that would have to move from one block to another to bring its residential distribution in line with that of the other race.[2]

> Systematic study of the block-by-block patterns of residential segregation reveals little difference among cities. A high degree of racial residential segregation is universal in American cities. Whether a city is a metropolitan center or a suburb; whether it is in the North or South; whether the Negro population is large or small—in every case, white and Negro households are highly segregated from each other.[3]

For 109 cities for which segregation index values were calculated for all three census years, the averages for 1940, 1950 and 1960 were 85, 87 and 86 (Table 1). A number of cities experienced relatively large changes, but the most striking result is the stability of the system. Racial residential segregation is not unique to Chicago or those cities with nationally known ghettos, nor is it largely a post World War II result of rapid Negro urbanization. It is a pervasive and tenacious fact of American urban life.

It is well known that the perspective of the observer influences his observation. The omnipresence of racial discrimination in society is appalling, so the author's writings emphasize the pervasiveness of residential segregation, its high degree in every large city. Yet the indices are not 100. The residential distributions of whites and Negroes overlap. There is considerable racial mixture. The results of a recent

National Opinion Research Center Study of integrated neighborhoods are not as surprising upon reflection as upon first reading: "Integrated neighborhoods are much more common than most Americans think they are. We estimate that 36,000,000 Americans in 11,000,000 households live in integrated neighborhoods. This is 19 per cent of the population."[4] The definition of an "integrated neighborhood" as one into which both whites and Negroes can and are moving is interesting, but misleadingly broad. The vast majority of residents of integrated neighborhoods as thus defined are whites living in neighborhoods in which whites compose more than 95 per cent of the population. The contrast with previous data is one of tone and emphasis more than substance.

The National Opinion Research Center study will be a unique and vital supplement to the kinds of data previously available, especially the extensive data on the characteristics of integrated and segregated neighborhoods and the evidence they provide into the workings of the housing market. These supplement and amplify the kinds of analysis reported in "The Process of Neighborhood Change," in NEGROES IN CITIES. These more complex analyses are less easy to summarize and exclaim over than are the segregation indices or the numerical estimates of integrated neighborhoods, but they contain the guts of each analysis and deserve close attention.

After examining the indices for the first level "gee whiz" results—gee whiz, look how high these indices are; gee whiz, look how much less than 100 they are; gee whiz, look how (low, high, normal) Chicago (Atlanta, Savannah, Dubuque) is—the next step is to look for patterns. A diligent researcher can always discern patterns in data, but the meaning of the patterns is often murky. The author has devoted much effort to arraying segregation indices according to city characteristics such as population size, percentage Negro, region and functional type. Other researchers have included the indices in their analyses. As yet, no pattern is really interesting, in the sense that it is very definite and also sensible or enlightening.

To illustrate, consider regional differences in segregation indices (Table 1). Using 1960 indices, cities in the South have the highest average score, the average for North Central cities is nearly as high and cities in the Northeast and West score lowest. By contrast with the 1960 regional pattern, the 1940 figures show the North Central region to be the distinctively highly segregated one, with only small differences among the means for the other regions. This problem

TABLE I. INDICES OF RESIDENTIAL SEGREGATION, 109 CITIES, 1940, 1950, 1960

Region	Number of Cities	1940	1950	1960	Change 1940 to 1950	Change 1950 to 1960
United States	109	85.2	87.3	86.1	2.1	−1.2
		(5.8)	(5.5)	(7.6)	(2.8)	(4.5)
South	45	84.9	88.5	90.7	3.6	2.2
		(6.7)	(5.3)	(4.7)	(3.0)	(3.0)
Northeast	25	83.2	83.6	78.9	0.4	−4.7
		(4.5)	(5.1)	(6.1)	(1.6)	(3.6)
North Central	29	88.4	89.9	88.4	1.5	−1.5
		(4.7)	(4.0)	(4.2)	(2.2)	(2.6)
West	10	82.7	82.9	76.4	0.2	−6.5
		(2.8)	(3.1)	(6.8)	(1.5)	(4.0)

Note: Standard deviations are given in parentheses.

Source: Taeuber, K. E. and Taeuber, A. F., NEGROES IN CITIES: RESIDENTIAL SEGREGATION AND NEIGHBORHOOD CHANGE, Chicago, Aldine Publishing Company, 1965, Table 5, p. 44.

of changing patterns affects all efforts to interpret patterns observed at a single point in time. The value for a given city at a given date is a function primarily of how the value has been changing through the years. The coefficient of variation in segregation indexes is quite small; the coefficient of variation in decennial changes in indexes is quite large. It is in the changes, therefore, that interesting patterns might be found.

The first stage of research on changes was disappointing. Data had been collected for only one time period, 1940 to 1950. Little new residential construction was seen in the early part of the decade (and in the preceding decade), and the housing market was still quite tight at the time of the 1950 census. Large-scale Negro (and white) population growth in many cities was accommodated by increased crowding of people into existing housing units; a real expansion of ghettos was generally less rapid than Negro population increase. The market appears to have been too tight to allow any significant alterations in existing racial patterns.

As the 1960 data became available, one city at a time, indices were calculated and recorded on a list that happened to be arranged regionally. A pattern quickly became evident and persisted for all 109 cities. The 1950 to 1960 changes once again were positive for most southern cities (78 per cent of them), but instead of displaying a slightly attenuated version of the same pattern, the northern and western cities (all but 16 per cent) showed declines.

Here was a pattern, obviously significant, but a bit too rich in interpretive possibilities. The South differs from the rest of the nation in many seemingly relevant respects. One could attribute the empirical results to regional variation in historic experiences with slavery, in prejudice, in economic levels, in response to court-ordered school desegregation and on and on. Regional differences are so grossly overdetermined that the staff hesitated to begin interpreting them.

To avoid a speculative verbal foray into the meaning of regions, the study veered onto an empirical tack. Changes in segregation might be related to other changes occurring in the cities. Several seemingly relevant types of change could be measured—rate of population growth, white and Negro, rate of suburbanization, rate of change in Negro economic status (and hence, presumably, in competitive position in the housing market) and rate of construction of new housing. Measures of each of these rates of change were compiled for 69 cities for each of the two decades and the changes in segregation scores were regressed on them. In each decade the regression equation accounted for a substantial share of the intercity variance in segregation changes—33 per cent in 1940–1950 and 52 per cent for 1950–1960. (Although the number of cases was small, these large coefficients of determination were surprising; the few independent variables that could be quantified do not represent a very large portion of the universe of explanatory variables and idiosyncratic factors that have been delimited in the literature.)

The two regression equations were quite different. For 1940–1950, the measure of new construction carried the heaviest weight. The tightness of the housing market in the 1940's has been noted. The general occurrence of small increases in segregation probably arose from an overcrowding within existing housing and a slowness in the rate at which housing turned from white to Negro occupancy even in the face of rapid Negro population growth. The regression result led to a further observation. "In some cities, particularly smaller and more recently settled Southern cities that still had vacant land available for residential development, there was considerable new construction in the late 1940's. Virtually all of it was occupied on a segregated basis. These developments account for the large increases in the segregation indexes of the South."[5]

The regression equation for segregation changes 1950–1960 allocated little weight to new construction, but emphasized Negro population increase and Negro occupational gains (both being conducive to decreases in segregation). During the 1950's the central cities were substantially uncrowded both in terms of persons per dwelling and of dwelling units per acre in the most densely settled neighborhoods. In this expanding and loosening housing market, Negro residential areas expanded greatly. In the process some degree of residential desegregation occurred. This was most pronounced in cities with rapidly growing Negro populations and in those in which the Negro populations were gaining most rapidly in occupational status (and presumably in ability to compete financially for a greater share of the housing stock).

The variance in segregation changes that was not explained by the regression equations is not associated with region. This was one of the more pleasing findings, given the reluctance to use "region" as an explanatory variable. The interpretation given the regression results is speculative, inspired by the data. But allocation of the pronounced regional differences in segregation trends to regional differences in a set of specific independent variables is an empirical accomplishment regardless of the merits of interpretive speculation.

Addition of another decade's experience to the segregation data series must wait until publication of 1970 Census data. In the meantime only limited data are available. An examination was made of the experience of 13 cities for which necessary information was available from mid-decade special censuses.[6] The mid-decade values of the independent variables included in the regression equations were not available for the cities. Thus, the 1950–1960 equation could not be applied to these cities to obtain an expected mid-decade value. However, it was believed that slight decreases in the North and slight increases in the South might be continued. In fact, six of the eight northern and western cities and all five southern cities had higher indexes at the mid-decade census. The sample is small and nonrandom, but "there is no evidence in these data of an acceleration or even continuation of the trend toward decreasing segregation observed for northern cities from 1950–60."[7]

Prediction is often postulated as a goal of analysis. What are the 1970 results expected to show? The 1960's have been a decade of considerable housing construction (though not at rates deemed necessary for adequate stock replacement) and of continued uncrowding of the oldest and densest central city neighborhoods. Various indicators show considerable advances for Negroes as well as whites in educational and occupational levels and in economic status. Together with the general gains of the civil rights movement, these trends should lead to more of what happened during the 1950's. But the mid-decade results do not seem to justify such a prediction. Journalists and knowledgeable observers who are not often attuned to detecting small quantitative changes suggest that all the housing laws and court decisions have had little impact on housing patterns. As a demographer privy to the hindsight of a long history of attempted forecasts and projections, one is naturally cautious. As a scholar aware of how inexact are the models of social process and how lacking are trend data, one is similarly cautious. One cannot with confidence predict any remarkable patterns in the 1960–1970 segregation index changes.

In addition to the index of dissimilarity, two other indices have been used to compile trend series.[8] Each uses an index that confounds segregation (as it has been defined here) with changes in the Negro percentage. This and related methodologic issues have been discussed elsewhere.[9] That is not to say that the index of dissimilarity is the only virtuous measure. Perhaps computer methods applied to the more detailed geographic specification of residences obtainable from 1970 Census data will permit sensible measures that are less bound to an arbitrary set of areas ("neighborhoods"). But comparisons among cities are complicated by use of one of the confounded indices.

The concern with segregation indices arose from a wish to assess and "explain" intercity variation. This was also the intent of the Cowgill and Bell and Willis studies. For a different task the relative merits of various indices might be different. Concern with what has been called "the desegregation problem" and "the segregation problem" may foster interest in segregation measures deliberately confounding the dissimilarity type of measure with the Negro percentage. It is still preferable that analyses not use a confounded index unless this would do violence to a well-developed theoretical framework.

Such a framework does not yet exist. Discussions of the consequences of residential segregation do not adequately distinguish the effects of segregation, as defined by a dissimilarity index, from the effects of size and percentage of Negro population, nor do they clarify the expected consequences of concentration in massive ghettos rather than in a series of smaller pockets. In a recent brief speculative encounter with these issues, the argument that "maintenance of the ghetto, at least in the short run, will prove beneficial"[10] was labeled a myth. But the total absence of careful thought and measurement precludes discussion of the consequences of residential segregation.

This is obviously true with respect to consequences at the community level—no appropriate intercommunity study has been done. But the same conclusion applies in a fundamental sense to consequences at other levels, such as for individuals. That consequences exist tc "growing up black" in this country is plain, but that these vary according to the pattern or degree of residential segregation in the community in which an individual grows up has not been established.

Myrdal's delineation of the causes of residential segregation into choice, poverty and discrimination has been followed by most subsequent observers. The evidence is clear that Negroes dislike poor housing, dislike the kinds of ghettos in which they live and dislike restrictions in their choice of housing. The black separatism ideology and a continuing social setting in which many Negroes prefer to confine much of their social life to Negro groups give much room for disagreement as to how much residential segregation would occur in the absence of economic or discriminatory restrictions on Negro housing choice. Whether that segregation would be greater or less than that of Catholics or Jews from Protestants, or of various prosperous ethnic groups from one another, is unknown. In the face of economic and discriminatory restrictions, the question is sufficiently hypothetical as to be unanswerable with any precision. But it is clear that racial residential segregation is far greater in degree than any of these other types.[11]

Comparison of Negro residential segregation with that of other racial, ethnic or nationality groups is an obvious analytic tactic in the United States setting. Lieberson showed that the segregation of the various European national origin groups one from another diminished during the first half of the twentieth century, in contrast to the increasing segregation of Negroes from all other groups. Similar findings have been presented for Orientals, Puerto Ricans and Mexican Americans in selected cities. The uniqueness of the Negro situation was emphasized and the strength and tenacity of their segregation were contrasted to the situation of any other major group in American society. Kantrowitz has recently taken issue with the tone (if not the substance) of such comparisons. In the melange of economic, religious and other bases for neighborhood formation, "ethnic segregation is usually seen as succumbing to a process of assimiliation, as the enclaves of immigrant nationalities are replaced by religious and racial neighborhoods distributed along an economic axis from central-city slums to suburban affluence. Our own study of New York in 1960 and our examination of research done for other cities leads us to believe that although ethnic segregation has indeed weakened, the reports of its demise are exaggerated."[12]

Reassertion of the relevance and vitality of ethnicity as a basis of psychological and social organization is a recurrent theme in the last half-century of sociologic writing on racial and ethnic relations in the United States. The author's own reading of the literature indicates at least as much need for affirming as for denying the validity of the great melting pot theme. But these are matters of style, and not arguments of substance with Kantrowitz.[13] His bringing New York City into the universe of cities for which this kind of analysis has been undertaken is laudable. New York was included in the present basic segregation index series, but was excluded from all of the more intensive analyses simply because of the sheer magnitude of data processing. Lieberson also excluded New York; he too undertook his studies with pre-computer data processing. It has been said that Cleveland's segregation patterns resemble Chicago's, only less so.[14] Kantrowitz concludes that New York's ethnic segregation pattern is similar to that of Chicago, only more so. It is important and reassuring to fit New York into a universe of other cities.

A second contribution of the Kantrowitz piece is its emphasis on the persistence of ethnic segregation. The great declines in ethnic residential segregation seem to have come in the early part of the century, when rapid flux characterized the social organization of cities as well as the numbers and social status of the various ethnic groups. These aspects of the system are much more stable now, and the post-1930 changes in ethnic residential segregation have not been dramatic. What has happened to the third-generation ethnic stocks cannot be determined from census data, but studies must be extended to this group to retain an empirical base to the ethnic assimilation-persistence controversy.

In NEGROES IN CITIES much attention was devoted to the "poverty explanation" of racial residential segregation, and the conclusions from several analytical perspectives were in agreement:[15]

> Because low-cost housing tends to be segregated from high-cost housing, any low-income group within the city will be residentially segregated to some extent from those with higher incomes. Economic factors, however, cannot account for more than a small portion of observed levels of racial residential segregation. Regardless of their economic status, Negroes rarely live in "white" residential areas, while whites, no matter how poor, rarely

> live in "Negro" residential areas. In recent decades, Negroes have been more successful in securing improvements in economic status than in obtaining housing on a less segregated basis. Continued economic gains by Negroes are not likely to alter substantially the prevalent patterns of racial residential segregation.

In an independent study conducted prior to publication of these results, Pascal examined residential segregation in two cities for which special data sources were available and explained 50 per cent of the variance in neighborhood percentage Negro with a regression equation that "was intended to reflect those forces accounting for the socioeconomic segment of observed nonwhite segregation."[16] These results seem to allocate more weight to the poverty explanation than did the above analysis, and an effort at reconciliation is necessary.

Myrdal simplified by dividing the causes of residential segregation into only three parts, (choice, discrimination, poverty). He overlooked a number of other social and economic factors, such as size of the household, job location and other transportation needs of the household.

Pascal deliberately sought to develop a well-defined socioeconomic model of residential location. A narrower concern with economic status and a methodology ill-adapted to inclusion of several variables simultaneously were chosen for the present study. Before discussing the methodologies, some comment should be made on Pascal's model.

Pascal's basic regression equation "postulated that a sub-area's proportion of nonwhite resident households would be a linear function of the sub-area's relative access to nonwhite employment opportunities, its available structure types and an estimate of the average per dwelling unit outlay on housing services in the sub-area."[17] His dependent variable—percentage Negro—was the same as that in the present study, but crucial differences are found in the independent variables and their treatment.

Of Pascal's three basic independent variables, two (housing price and type of unit) are also considered in some of this author's models. The distinct and ingenious aspect of Pascal's analysis is inclusion of a variable representing the accessibility of each housing site to the workplaces of nonwhites (measured relative to its accessibility to all workplaces). His analysis was confined to two cities, Chicago and Detroit, for which transportation surveys provided information on job locations by race.

The measure of relative accessibility has a coefficient of determination of 0.37 with percentage Negro among sub-areas in Chicago and 0.28 in Detroit. Pascal discusses at length "the possible role of a causality the reverse of what was implied by the equation," concluding that this is only a minor impediment to interpreting his model as causal.[18] This author reaches a different conclusion and will defend it, although it is not possible here to review all the issues (they are mainly subjective, given the paucity of appropriate data).

One of Pascal's equations shows that the percentage of Negro residents in an area is not closely correlated with the area's accessibility to unskilled jobs generally, but is correlated with accessibility to jobs held by Negroes, most of which are unskilled.[19] Thus, where Negroes live determines which unskilled jobs they get, but the fact that most Negroes seek unskilled jobs does not greatly constrain their housing choice. Current concern over the inaccessibility of suburban jobs to Negroes also suggests that Negro residential location constrains job location rather than the reverse.[20]

What is needed, of course, is a longitudinal analysis of job and residence changes, but no such analysis is currently available. Argument from cross-section to temporal sequence and from correlation to causality is of limited utility. In the real world of Chicago and Detroit, long-established locational patterns of Negro jobs and Negro residences persist, impervious to causal analysis.

The role of poverty has been assessed using indirect standardization, an approach familiar to demographers.[21] Given for each census tract in a city the distribution of households by value or rent of their housing, and given for the city as a whole the percentage of Negro households at each level of value and rent, an expected number of Negro households is calculated for each tract. This expected number of Negro households is then converted to an expected percentage for each tract. Variation among tracts in expected percentage Negro represents the racial segregation that is attributable to the uneven distribution throughout the city of housing of any given price level and the disproportionate occupancy of lower-priced housing by Negroes. Comparison of actual with expected percentages Negro indicates the degree to which this specific poverty model accounts for observed segregation.

For 15 cities for which this model was evaluated with data from the 1960 census, the coefficient of determination between actual and expected percentages Negro ranged from 22 to 60 per cent, with an average of 33 per cent.[22] Chicago was not included among the 15 cities, but Detroit was. The author's results for Detroit may be compared with those of Pascal. Because of the date of the transportation survey, he used 1950 census data for Detroit; the author's results are cited for 1950 also. The present study obtained a coefficient of determination of 24 per cent (27 per cent for 1960); Pascal obtained a coefficient of 44 per cent.

Both studies regressed actual percentage Negro among sub-areas of Detroit on other sub-area measures. In the present case the independent variable was the expected percentage Negro obtained from the tenure-value-rent standardization. Pascal worked with three independent variables: housing price (a weighting of median rent and value), percentage of dwelling units in single-family and two-family structures (this is similar to the percentage owner-occupied) and relative accessibility to Negro jobs. Pascal's first two variables may be regarded as capturing aspects of the tenure-value-rent distribution that the author utilized in fuller detail in the standardization.

Much of the difference between his results and the present results is derived from the additional variable he included, relative accessibility to Negro jobs. Differences in how to interpret the effect of this variable have already been discussed.

Aside from questions about the specific measure of accessibility, one may differ with Pascal over whether to include any such variable in the analysis. His socioeconomic model of residential location was developed in large part as a means of splitting the total observed residential segregation into one component attributable to white-Negro differences in socioeconomic traits and a residual component of attitudinal factors embracing both Negro and white choices. It is a common feature of socioeconomic studies of this type that discrimination is measured as a residual, as that component of racial differences not attributable to the various objective traits included in the model.[23] If the goal is to interpret the residual as attitudinal factors or discrimination, then Pascal is correct in insisting that the basic model be well defined. Failure to include relevant variables leads to an exaggerated evaluation of discrimination.

NEGROES IN CITIES failed to clarify this fundamental point and tended to label as discrimination a residual that also included nonpoverty components of a socioeconomic model of residential location. Pascal's approach, by contrast, narrows the residual, but lumps together under the label of socioeconomic factors a miscellany of items, several of which are difficult to interpret causally and of questionable relevance to discussion of poverty or economic status as a cause of segregation.

An important methodological difference also exists between the two analyses. This author did not accept the coefficient of determination of actual or expected percentage Negro (24 per cent for Detroit for 1950) as an appropriate measure of the explanatory power of the poverty explanation of segregation. Drawing further on the demographic tradition, Duncan's technique was applied for decomposing the total explained variance into components.[24] The net effect of economic segregation in explaining residential segregation was assessed by this procedure at two per cent for Detroit for 1950, and as ranging from one to 18 per cent (mean of nine per cent) for 15 cities for 1960.

The need for such a decomposition may be most easily illustrated with a hypothetical situation using occupational data to index socioeconomic factors. Suppose that in the male labor force two per cent of Negroes but zero per cent of whites are employed as private household workers. Assume that the other 98 per cent of Negroes are distributed among occupations exactly as are whites. Assume complete residential segregation between Negroes and whites. An indirect standardization would yield expected percentages Negro for the all-Negro tracts that were slightly above the city mean percentage and would yield for the all-white tracts expected percentages only slightly below the city mean. These expected percentages would correlate almost perfectly with the actual percentages. The tiny amount of variance in expected percentages suffices statistically to explain the large variance in actual percentages. But the causal model is one of allocation of individuals to residential locations on the basis of their economic attributes rather than their race, and the standardization shows that this model does not yield much racial segregation. Clearly something goes awry when one tries to assess the workings of the individual-level model by correlating and regressing areal data.

Another way of viewing the difficulty is as a tipping phenomenon. Once a tract with, say, a slight prevalance of low-priced housing gets a few Negro residents, it proceeds to become all Negro. This tipping may perhaps be regarded as having begun on economic grounds, but its continuation must reflect the operation of other factors as well. The variance decomposition is a technique for distinguishing these direct and indirect causes of what happens to areas. The specific technique is not applicable to the regression approach used by Pascal, but an analogous problem exists that precludes interpretation of his coefficient of determination as a direct assessment of the power of socioeconomic factors to explain racial residential segregation. (However, the author's failure to develop this argument with statistical rigor has meant a failure to persuade Pascal of its relevance, whereas he, in turn, questions on econometric grounds the merits of the variance decomposition in this analysis.)

One motivation for assessing the determinants of residential segregation is to help rationalize the policy choices of those seeking to combat the extreme racial segregation prevalent in cities. For this purpose the problem of the quantitative analyst is to reach an informed judgment about the role of white and Negro attitudes and their manifestation in specific kinds of housing market discrimination, the role of the economic handicaps experienced by Negroes, the role of other socioeconomic factors affecting housing location and the role of sub-area homogeneity of housing types.

Neither study was able to differentiate among all these factors nor to draw from the analyses highly specific policy recommendations. The studies do differ, however, in the general emphasis given to broad policy choices. Pascal concluded:[25]

> Perhaps, given all of this, the most prudent recommendation to be derived is that housing segregation be attacked indirectly. If, admitting all the caveats, perhaps one-half of observed segregation can be explained on the basis of the socioeconomic disadvantages experienced by Negroes, it would certainly seem appropriate to lay stress on those programs which have as their ultimate goal the elimination of the disadvantages. This suggests that concentration on education, training, community participation, and the reduction of the effects of racial prejudice in employment markets should result in substantial improvement in the housing plight of the urban Negro.

This author is skeptical that such "indirect" approaches to housing desegregation will be effective. The standardization analysis utilizing information on tenure, value and rent of housing units shows that Negro households already own enough housing and pay high enough rents to be substantially desegregated. A standardization analysis using income data gave similar results, and the possible impact on housing segregation of various degrees of equalization of white and Negro income distributions was assessed. "Elimination of poverty would enable poor whites and Negroes to live according to the slightly more segregated patterns of middle income families . . . By contrast, a program which successfully achieved racial integration in low-income housing, even though high-income housing remained rigidly segregated, would solve most of the problem of racial residential segregation."[26]

In introducing this essay a variety of perspectives was noted from which to approach the analysis of racial residential segregation. The conclusion focussed on a policy perspective. Although each of these perspectives remains underdeveloped, those essaying quantitative analysis have demonstrated its utility as a means of augmenting knowledge of racial segregation.

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[1] This paper draws heavily on material reported *in* Taeuber, K. E. and Taeuber, A. F. NEGROES IN CITIES: RESIDENTIAL SEGREGATION AND NEIGHBORHOOD CHANGE, Chicago, Aldine Publishing Company, 1965. Subsequent work has been reported *in* Farley, R. and Taeuber, K. E., Population Trends and Residential Segregation since 1960, *Science,* 159, 953–956, March 1, 1968; Taeuber, K. E., The Effect of Income Redistribution on Racial Residential Segregation, *Urban Affairs Quarterly,* 4, 5–14, September, 1968; ———, The Problem of Residential Segregation, *in* URBAN RIOTS: VIOLENCE AND SOCIAL CHANGE, Proceedings of the Academy of Political Science, 29, July, 1968.

[2] Taeuber and Taeuber, *op. cit.,* the methodologic discussion is in Appendix A, the presentation of index results in Chapter 3. Several algebraically equivalent equations are available for calculating the index of dissimilarity. One approach is to classify all blocks in the city into two groups, those of Negro overrepresentation and those of Negro underrepresentation, according to whether the percentage Negro for the block exceeds or falls short of the percentage Negro for the entire city. Some percentage of the city's Negro residents resides in blocks of Negro overrepresentation; a lower percentage of the city's white residents resides in these blocks. The difference between the two percentages gives the index.

[3] *Ibid.,* p. 2.

[4] Sudman, S., Bradburn, N. M. and Gockel, G., The Extent and Characteristics of Racially Integrated Housing in the United States, *Journal of Business of the University of Chicago,* 42, 50–92, January, 1969.

[5] Taeuber, K. E., Residential Segregation, *Scientific American,* 213, 17, August, 1965; the full discussion of the regression analysis of segregation changes is in Taeuber and Taeuber, *op. cit.,* pp. 70–77.

[6] Farley and Taeuber, *op. cit.*

[7] *Ibid.,* p. 955.

[8] Cowgill, D. O., Trends in Residential Segregation of Nonwhites in American Cities, 1940–50, *American Sociological Review,* 27, June, 1962; Bell, W. and Willis, E. M., The Segregation of Negroes in American Cities, *Social and Economic Studies,* 6, March, 1957.

[9] Taeuber and Taeuber, *op. cit.*, Appendix A.

[10] Taeuber, The Problem of Residential Segregation, *op. cit.*

[11] Lieberson, S., ETHNIC PATTERNS IN AMERICAN CITIES, New York, The Free Press of Glencoe, 1963; Taeuber and Taeuber, *op. cit.*, Chapter 3.

[12] Kantrowitz, N., Ethnic and Racial Segregation in the New York Metropolis, 1960, *American Journal of Sociology,* 74, May, 1969.

[13] I do have reservations about Kantrowitz' discussion of the succession of first, second and third generations, but this is peripheral to his main analysis. *See* Taeuber, K. E. and Taeuber, A. F., Recent Immigration and Studies of Ethnic Assimilation, *Demography,* 4, 798–808, 1967.

[14] Taeuber, The Effect of Income Redistribution on Racial Residential Segregation, *op. cit.*

[15] *Ibid.*, pp. 2–3.

[16] Pascal, A. H., *The Economics of Housing Segregation,* Santa Monica, The Rand Corporation, Memorandum RM-5510-RC, 1967, p. 177. In a recent review of perspectives on the causes of residential segregation Pascal proposes modifications in his earlier model, but he has not yet reported new empirical results. *See* Pascal, A. H., The Analysis of Residential Segregation, *in* Crecine, J. P. (Editor), FINANCING THE METROPOLIS, Beverly Hills, Sage Publications, Inc., in press.

[17] The Economics of Housing Segregation, *op. cit.*

[18] *Ibid.*

[19] This is my inference from his equation C-VI. 2 on p. 115 and the simple correlations on p. 187.

[20] I disagree, however with much of the discussion of this topic. The real difficulty is the paucity of relevant data and the inadequacy of the few most-cited analyses.

[21] Taeuber and Taeuber, NEGROES IN CITIES, *op. cit.*

[22] The cited pages discuss several similar models and also report data for 1940 and 1950.

[23] Duncan, O. D., Discrimination against Negroes, *Annals of the American Academy of Political and Social Science,* 371, 87, May, 1967.

[24] ———, Residential Segregation and Social Differentiation, *in* INTERNATIONAL POPULATION CONFERENCE, VIENNA, Vienna, International Union for the Scientific Study of Population, 1959, pp. 571–577; Duncan, O. D., Cuzzort, R. P. and Duncan, B., STATISTICAL GEOGRAPHY, Glencoe, Illinois, The Free Press, 1961, pp. 121–128.

[25] Pascal, THE ECONOMICS OF HOUSING SEGREGATION, *op. cit.*, p. 180.

[26] Taeuber, The Effect of Income Redistribution on Racial Residential Segregration, *op. cit.*

DISCUSSION

Dr. James A. Jones: I did do my homework as I should. Having gotten a copy of the paper I sat down and wrote a commentary on it. Then, in standard absent-minded professor manner, left it somewhere —I don't know where. My comments, therefore, are a recollection of the trenchant and precise analysis that was contained in that paper.

Dr. Taeuber, in the early part of the paper, exercises a customary caution in foregoing predictions of what the 1970 Census will show when the same residential segregation indices are recomputed. He indicates in his paper that his reserve is a consequence of having looked at a number of prediction studies that floundered on the rock of reality when "prediction day" rolled around.

Since I am not a demographer, I have much more confidence in making predictions about the 1970 Census.

Very briefly, I suspect that the 1970 Census will show less residential segregation in central cities and more in suburban areas. In good social science fashion I qualify this by saying that the prediction pertains mainly to the Northeast, because I am much more familiar with the Northeast than with other regions.

That prediction introduces a problem that has already been alluded to, namely, applying the measures of segregation to the suburbs. Unfortunately, the data necessary for the analysis in the central cities often are not available for suburban areas. Yet, if a comprehensive picture of residential segregation is to be developed, the suburbs must be taken into account. There is little doubt, I think, that Negroes are definitely moving out of the central cities. Indeed, some have always been in the suburbs. For example, in Englewood, a suburb outside of New York City, the original Negro settlers were the household servants of the rich who lived on the hill. I recall one study that showed that most of the Negroes came from Texas and were brought North for the express purpose of providing household help to the rich.

Since then Englewood has grown tremendously. It is a city now, and the Negroes moving into Englewood are no longer household servants. Rather, today's Negro migrants into the suburbs are much like the standard middle-class persons who feel that this is where one moves when one gains the affluence to do so. Still, my impression of Englewood and Teaneck, a community nearby, is of the same kind of residential segregation that one sees in central cities.

These communities are much smaller. But, just as New York City and Chicago and other urban places have had their struggles over segregation in the schools, so have places, like Teaneck and Englewood, that we normally think of as surburban communities. Obviously, racial segregation in northern schools cannot exist independent of residential segregation.

A second point about the paper: I think there is a lot to be learned about Negro ghettos by applying to the ghetto itself some of the same kinds of techniques that Dr. Taeuber applies to the city as a whole. I am thinking specifically of studies that focus upon variables like economic and age segregation within all-Negro populations. Some things that have become clear from recent studies of ghettos is that they are not all of a piece. There are wide disparities in income, age and aspirations among residents of the ghetto.

Certainly if one has in mind notions of social planning and social change, one needs a sharp analysis of the entity under that single label "ghetto." I think some of the techniques for looking at residential segregation can be applied to other aspects of life within the ghetto.

When one moves to the "so what" question, one is confronted by a barrier that probably afflicts demographic analysis in particular. The analyses that are done by demographers are much more heavily controlled by the availability of quantifiable data than in any other analysis. Yet, questions are begining to pop up as to how relevant and important standard things like sex and age are to understanding residential segregation, when contrasted with some of the more elusive kinds of variables that sociologists study, such as the aspirations and values that individuals hold. Consequently, I think much more emphasis will be placed upon utilization of so-called soft data than demographers customarily work with as a way of finding, describing and understanding residential segregation and what goes on in segregated areas.

One of the virtues of demography is that if it does not deal with hard data, it deals with data whose softness is known. I am suggesting that for a deeper understanding one needs to venture out of the realm of hard data into one where the researcher is less sure of his data's hardness and softness.

Dr. Taeuber reminds us that the model for looking at residential segregation can be traced back at least to Gunnar Myrdal's classification of residential segregation as due to economic factors, racial discrimination and choice. It appears that two of these are essentially residual variables. Whatever cannot be statistically attributed to economic variables is assumed to be attributable to racial discrimination and choice. If we can develop direct measures of choice and racial discrimination, it might be possible to parcel out much more accurately the contributory effects of this trilogy upon the phenomenon of residential segregation.

Let me close with a comment on Dr. Taeuber's observations on Kantrowitz' argument. Despite the fact that demographic analyses tend to deal with relatively hard data, our understanding of phenomena is still mainly a matter of interpretation. That is something we need to remember when analyzing data.

Dr. Bernard: The comments I have fit in with what Dr. Jones was saying. In connection with the "choice" variable that has been mentioned, I was glad to know that Dr. Karl Taeuber is acquainted with the work of Tom Schelling at Rand.

I would like to second the comment about a detailed ecologic analysis of the black community that I think is now possible along the lines that Frazier did in Chicago a generation ago. The ecologic paradigm in its classic form has collapsed, I know, but is it collapsing in a different way in the black community than in the overall community? Also, do you have any data on the reverse invasion, that of white people invading or taking over black areas? When this happens, do you have young white people and old black people in the same area? Also, we hear a lot in Washington about freeways and highways and what they do to a city, how they change the normal pattern. Can these changes be pinpointed from your data?

Dr. Glick: Near the beginning of Dr. Taeuber's paper there is a statement that every neighborhood has to have black and white residents in the same proportion as they compose within the total urban area to qualify as an urban area with no segregation.

It seems to me that the statement should contain a reference to the ability of the residents to afford housing in the various parts of the urban area. In addition, the choice factor should enter in. Not everyone would choose to live in an integrated community even if the choice became perfectly free. What we really should have is a measure that would tell us how much segregation would exist if everybody were absolutely free to live where he wanted to live, within his ability to afford the cost of the available housing. Such a measure would seem to be a more realistic standard against which to measure *de facto* segregation than the one used by Taeuber.

Dr. Notestein: I know very little about this, but he was defining a trend and you are explaining it.

Dr. Glick: Let him comment on it.

Dr. Notestein: I don't believe you have attacked the definition.

Dr. Glick: I meant to attack the definition. "Segregation" should be defined as a condition that exists outside the limits of free choice and ability to afford housing of a given cost. A better term for the phenomenon Taeuber studied would be "racial concentration."

Dr. Lawrence: Actually, this is the crux of Kantrowitz' argument —or rather a fundamental assumption made by him. If we know the location of various ethnic and nationality groups within a city, this is all we need to establish whether people are segregated. We do not have to know why they are there, or whether they could afford to be somewhere else, or even if they desire to be elsewhere. However, the hard reality of racial segregation, as contrasted with nonracial segregation, is that the former has usually been imposed from outside, rather than being purely or primarily voluntary.

Dr. Hauser: I want to make an observation with respect to this question that Dr. Lawrence raised. I just cannot help noting that Kantrowitz and Taeuber are both students of Chicago. The index is not really a very mysterious one; it might be well to straighten out the point.

If you have a segregation index of 97, that means that 97 per cent of the blacks would have to be moved if their distribution in the city, by Census tracts or other unit of area, is to match the distribution of the whites. It is a frequency distribution over the entire area by geographic units for white and black, respectively, with differences between the two destinations divided by two or summed for differences of same sign. This is the index; it is a simple one, and one that has the virtue of great ease in interpretation if you are talking about segregation.

If the index is 80, that means that 80 per cent of that population would have to be redistributed to match the distribution of whatever your subject group is, in this case the white population. The point is, you are taking the white distribution as the standard; the distribution of white by Census tract or what have you, and comparing it with the distribution of blacks.

You can take another factor—density—into account. With the densities that prevail in Harlem, the 200 million people in the United States could all live in the New York metropolitan area.

But my basic point is this: The index is a simple one, and there are a lot of pros and cons, depending on what you are trying to measure.

With respect to the ethnic groups, I think the significant thing that ought to be brought into the discussion is that indices of other types of ethnic segregation, certainly after one or two generations beyond the period of actual immigration, have never reached the level of the black segregation indexes.

Segregation indices of other ethnic groups may run from 40 to 60; but segregation indices of the blacks run from maybe 85 to 98 per cent. Those are quite different magnitudes, and the magnitude that is involved is also, I think, to be emphasized along with the differences in choice of residence the white immigrants and blacks had.

Mr. Mauldin: The index is not quite as simple to me as it is to Dr. Hauser. Dr. Taeuber stated that the specific value of the index from zero to 100 indicated the per cent of the black population that would have to move from one block (or tract) to another to bring the residential distribution in line with the other race. Then I got lost.

Dr. Bogue: Mr. Mauldin is right; there is some confusion here. There are two ways of measuring segregation; call them intensity and quantity. The segregation index measures quantity of segregation; how many people would have to be moved to get to an equal distribution. The alternative index is intensity. This is what Mr. Mauldin is trying to formulate. Now, if you have a given tract that has a certain proportion, how does this differ from the average for the city as a whole? This gets at intensity. These two forms of measuring segregation have existed side by side. Duncan invented one and Wendel Bell invented the other. They never have been really reconciled. The Duncans try to get what they call the segregation curve, which incorporates the Bell formulation. Recently we have tried to reconcile them by measuring different forms of segregation. We are getting two segregation indices for a city with a computer program that is now processing the stuff for all the cities in the 1960 Census that were tracted. You do get different results.

Dr. Liebow: I'm sure that this index of segregation has a great many uses, but I feel it's somewhat presumptuous to call it an index of segregation. It's not saying a hell of a lot about what segregation is at all. It's saying an awful lot, perhaps, about the number of black people and the number of white people who live in a given area.

But if you were to go to the people who live in a mixed neighborhood, and ask them: "Do you live in a segregated neighborhood?" I think you would get a whole range of responses.

Assume there is some distinction between a mixed neighborhood and an integrated neighborhood. I live in Brookland, the neighborhood that Dr. Taueber was referring to before, in Northeast Washington, and I know that some people in that neighborhood are leading all-black lives; some people are living all-white lives; and some people are living mixed lives, not segregated lives.

And if you were to go to the different people in the neighborhood you would get different answers, and I don't think that they would accept this index of the number of people who were black or white in that particular geographic area as an index of segregation at all.

I'm sure it's an index of something, and a very important one, and no doubt a very useful one, but it doesn't say much about segregation; at least not in the mixed community. It will say a lot about segregation in an all-black or an all-white community but it will not say much about it in a mixed community.

Dr. Hauser: You have a semantic problem, and "each to his own," so to speak. If you are discussing segregation in the sense of human interaction and sharing of the life space, obviously the index is not a measure of that.

We have here a comparable situation with the definition of the city. We talk of the city, and urbanization. There are a great many ways to define the city, including a geographic one, an economic one, a political one, a structural one and so on. We arbitrarily settle on a demographic one because it is the only one we can quantify readily.

Urbanism as a way of life obviously involves much more than does the demographic definition of a city.

I think the quarrel should not be with the use of the term segregation. It is necessary to recognize the need to get other measurements and indicators of the kinds of things you are talking about. You are talking now about segregation in terms of what happens in the sharing of the life space. The index of segregation is admittedly not an index of that.

What I think we get down to is that language in social science and in our general language get intermixed and the same words have meant different things. It would probably be better to call this index an index of residential segregation.

Dr. Liebow: But I suspect that some people, including the policy makers, are using indices labeled in this way to make value judgments on different cities, and perhaps even for the implementation of policies.

Dr. Driver: I think there is danger, as Dr. Liebow has pointed out, of taking the index to suggest certain patterns of interaction. Even on a neighborhood basis, as the Deutsch and Cook study of interracial housing has shown for New York City, you can get a certain index of the separation for one type of housing and the same index for a different kind of housing pattern, but the outputs of the same indices in terms of the interaction are quite different.

I think this is a point that is of importance, here, because it then really goes back to a definition of race; whether or not you take race in terms of certain qualities and certain attributes *or* forms of interaction.

Dr. Edwards: Of course, you would not have the argument if we were talking about segregation in business institutions. In other words, if you think of segregation as being denoted by any one of these, in which you observe phenomena in space, then this argument does not apply. It happens that we are talking about human beings. It is clear to us, but I think we ought to take account of the view that Liebow puts forth.

Dr. Beasley: Dr. Taeuber, you seem to indicate that once a tract with a prevalence of low-price housing gets a few Negro residents, the tipping may, perhaps, be regarded as having been done on economic grounds, but may reflect the operation of other factors as well.

The phenomenon of "blockbusting" in Southern areas may afford an illustration. I have observed in several areas that when you have one black person come into a white-black area and there is an initial sporadic complaint and this persists and increases. Then there is organized economic pressure that may come from a group of realtors, or one realtor may make offers to people in a sequence of events that can hardly be called random in terms of getting whites to sell out low and getting Negroes to buy in at high rates.

I don't know how this persists in the East, and I have no objective data, but you alluded to this and I wondered if you have any objective data on it. I have heard of two rather large communities in which the entire area changed from a completely white to a completely black area in a period of one year.

But there were many other factors operating, here, besides where people wanted to live; what their desires were, and their ability to pay. One of the other factors that I observed in one area, completely from subjective data, was that many of the white residents wanted to remain in the area but had great social pressure placed upon them to move out.

Dr. Karl Taeuber: The index definition is difficult to clarify verbally. I recommend taking a hypothetical set of numbers and following the discussion in the methodologic appendix of NEGROES IN CITIES. But a quick numerical example may illustrate a key feature of the index we use. Consider a city in which there are ten blocks, each with 90 whites and ten Negroes. Segregation is zero. To modify this by moving people around requires that at least two blocks now become deviant, say 85 and 15 for the block of Negro overrepresentation and 95 and 5 for the block of Negro underrepresentation. The index can be calculated by taking 15/100 – 85/900, or 95/900 – 5/100. Each fraction equals 50/900 or .056. Adjusting the scale yields an index of 5.6.

This index is symmetric in that the same value is given for the segregation of Negroes as for the segregation of whites. When you switch to what has been called a measure of intensity, you have an asymmetric concept. For example, the average per cent Negro in the ten blocks is quite different from the average per cent white in the blocks.

One fact that deterred me from pursuing the intensity measure is that it gets very heavily bound up with simply the per cent of whites and Negroes in the population. One of the earliest empirical studies of segregation used such an index. The index was correlated with the death rate from tuberculosis and the authors ended up saying that segregation is conducive to tuberculosis. The Duncans later did a partial correlation controlling for percentage Negro, and there was nothing left. All the correlation showed was that Negroes have higher death rates from tuberculosis than do whites.

So it is very tricky to use this kind of a measure. When relating to other phenomena one always has to figure out which of the results alludes to segregation in the sense of the differential residential distribution of whites and Negroes, or simply to the compositional aspect of such a measure, the percentage of Negro population.

As to the question of what the measure we use "really" measures, that is an open one. Logically and algebraically I think it is clear what it does and does not measure. Whether it is legitimate to pin a name on the measure—other than "Index 1"—is a question of operationalization of ideas. This arises with virtually any phenomenon measured. I do not really know how to elaborate on this, except just to emphasize once again that the index is a measure of observed residential patterns, not of "segregation" with all its connotations of discrimination and prejudice.

Now, should one include in the basic definition some allowance for the effects of income or choice? A large part of what I endeavor to do is to assess the role of economic and other factors to see how much of the observed patterns can be accounted for in that way.

One might want to look similarly at *de facto* school segregation. So much of it can be attributed to residential patterns, but it is still there, whether it is caused by residence or by something else. The educational problems remain.

On the question of the implications for social interaction, that again is one of the lines worthy of pursuit. I just cannot comment on how that would go.

Dr. Bernard referred to a paper by Schelling[1] on the racial tipping point. The notion is that whites will tolerate only a given percentage of Negro residents in their neighborhood, and if the Negro percentage goes higher there will be an acceleration of racial turnover.

The difficulty with this notion is that it has never been demonstrated that there is such a tipping point before which the turnover process is slower and after which it is faster. Even among those who postulate such a theory, there is not much agreement as to whether it is one per cent or five per cent or 30 per cent. I have not found the notion very useful in looking at data.

Schelling's argument, however, is somewhat different. He puts forth models that allow whites and Negroes each to have a preference or a tolerance for certain proportions of Negroes (and/or whites) in a neighborhood.

Then he looks at what happens if people are allocated to residence within a simple geometric frame, whether they start moving to bring their neighborhoods in line with their preferences. In many cases it will turn out that not everybody can satisfy their preferences, but that a highly segregated pattern is in equilibrium.

Take a simple situation where Negroes prefer integrated living and whites have a distribution on what percentage of Negroes they will tolerate. If there is some small percentage of Negroes in a neighborhood, a few of the whites who are least tolerant of Negroes will move out.

This will shift the white distribution so that only those who are more tolerant of Negro neighbors live near Negroes. But as Negroes move in to replace the white outmovers, more whites will move out, so you have this unstable phenomenon. You do not have to assume an arbitrary tipping point; you can simply assume a distribution of tolerances among the population.

The fundamental article on segregation within the ghetto is the piece by Frazier[2] showing concentric circles from the center of Harlem and the Burgess pattern of improving social and economic conditions outward from the core of the Negro residential area.

NEGROES IN CITIES reports extensive examination of residential differentiation within Negro areas. To a great degree, the Negro residential area may be viewed as a separate city, with very much the same patterns going on within it as in the total city. The better off live in the better housing within these areas and attempt to move out from the center as the housing ages and population increases. Other work has suggested this model of two completely separate housing markets, each having very similar processes within, but with a boundary between the two.

This raises a general question that I would like to tie back to some of the earlier work: What kinds of processes are we looking for? The earlier papers and discussion emphasized processes of long-run convergence and similar dynamics eventually minimizing racial, regional and cultural differences, so that these categories might tend to become less relevant for analysis.

This assimilationist perspective seems pertinent for occupation, education and a variety of other more or less formal traits that occur or are acquired in the public or common realms of the social system, of which government and the economic system are good examples. In various measures of education and economic status there seem to be similar trends for Negroes and whites, but a tendency to a 20- to 30-year gap between trend lines for Negroes and those for whites. Much analysis is directed to such questions as whether each gap is a little larger or smaller than it used to be. Will the Negroes ever catch up? What are the retarding factors? What policies might reduce the gap?

On the other hand, one comes to areas such as family formation and fertility—which will be discussed in a later section—in which wide racial differences appear in the data without clear convergence. There is some question as to whether any kind of analysis will enable one to see similar processes in Negro communities as prevail in white communities.

So we have a question of whether there are two separate domains.

In one, the processes are similar for Negroes and whites and the question is the rate at which Negroes are catching up to whites, given different starting points. In the other, patterns are quite different for Negroes and whites. Presumably in this domain the common public institutions are less dominant than cultural differences, historic differences or other unique and persistent factors.

In one case we have two populations with the same dynamics but different parameters; in the second the two populations have different dynamics. In the residential area both types of situations prevail. On the one hand there are very similar dynamics if each racial group is considered separately, but there is not any significant converging of the two processes into a single process.

A demographer should never neglect a cohort perspective. With respect to trends in residential patterns, consider the baby boom children who are now marrying and establishing households. Negro-white differentials in education, many economic attributes and mass media socialization are much less than they used to be. Will this lead to a merging of residential patterns?

As we examine other topics let us keep a cohort perspective, remembering that cohorts may be defined in other ways than simply date of birth. For example, will the urban-born produce a different set of processes, showing rates of change different from the rural-born?

Dr. Price: One quick comment on the index. I think the order of magnitude is the important thing. I am a little bothered by Parker's looking at the percentage the way he does, because another one of these strange statistical anomalies is the fact that without increasing the number or the per cent of Negroes in an area, it is possible to increase the percentage of Negroes in every subdivision of that area. Whether this increases segregation or not is an open question.

Dr. Teele: It seems to me when I read Dubois' book, THE PHILADELPHIA NEGRO that Negroes in Philadelphia lived somewhat differently in 1895 than they do today. They appeared to be clustered differently by residence. I must say I was pleased when Dr. Karl Taeuber mentioned Dubois, because I think he was a demographer of some ability. I would really like to see more attempts made along historic lines and more use made of studies like those by Dubois. I think that if some of the segregation indices could be stretched out over a longer period of time, we might really learn something about some of the problems and processes in our cities.

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II. MARRIAGE AND THE FAMILY

MARRIAGE AND MARITAL STABILITY AMONG BLACKS

PAUL C. GLICK

An objective appraisal of the current marital status distribution of Negroes is attempted in this paper. The appraisal is based on comparative data for blacks and whites for the generation since 1940, with emphasis on developments during the 1960's. The accompanying tables are designed to throw light on whether the proportion of mature adult years lived in the married state has been increasing for black people and whether the gap between them and white people in this regard has narrowed or widened in recent years.[1]

In this perspective, changes that reflect declines in bachelorhood and spinsterhood among persons of mature adulthood are accepted, along with declines in separation, divorce and widowhood, as indicators of increasing marriage and marital stability. Actually, persons are classified in this study according to their marital status when they were enumerated. Thus, being separated or divorced is regarded as indicative of marital instability. At the same time, living in an intact marriage (married but not separated) is regarded as indicative of at least current marital stability, even though the person may have previously been widowed or divorced. Inasmuch as the category "separated" was not used in censuses of the United States until 1950, comparisons of marriage data for 1940 and more recent years are made in terms of "married" persons rather than persons "with marriage intact."

Black and Negro are treated here as synonyms. Some of the information is for the nonwhite population of the United States, over nine-tenths of which is Negro.

The Widening Gap Between 1940 and 1960

Table 1 shows changes in marital status between 1940 and 1960 for persons 35 to 44 years of age. This group may be characterized as "approaching middle age" and is especially relevant because it covers a stage in life when most of those who will ever marry have done so and when the proportion of persons who are divorced is at or near its height. Percentages of persons who were widowed are not shown in Table 1, but they can be derived by subtraction.

In 1940, at the end of the Great Depression, the proportion single among those aged 35 to 44 was relatively large, and the proportions married or divorced were relatively small, as compared with the situation 20 years later, in 1960. Moreover, in 1940, before the advent of the so-called wonder drugs, the proportion widowed was relatively large. Thus, all of the changes during the two decades as a whole for both white and nonwhite men and women approaching middle age

TABLE I. SINGLE, MARRIED AND DIVORCED PERSONS 35 TO 44 YEARS OLD, BY COLOR AND SEX, 1960, 1950 AND 1940

	Men 35 to 44 Years Old		*Women 35 to 44 Years Old*		*Gap: Nonwhite Minus White*	
Year and Marital Status	*White*	*Nonwhite*	*White*	*Nonwhite*	*Men*	*Women*
Per cent single						
1960	7.7	11.2	6.0	7.0	3.5	1.0
1950	9.5	9.5	8.4	6.2	0.0	−2.2
1940*	13.6	14.1	11.4	7.7	0.5	−3.7
Change, 1940 to 1960	−5.9	−2.9	−5.4	−0.7	3.0	4.7
Per cent married						
1960	89.3	83.5	87.9	80.4	−5.8	−7.5
1950	87.2	85.4	85.1	79.9	−1.8	−5.2
1940*	82.8	80.4	81.1	74.3	−2.4	−6.8
Change, 1940 to 1960	6.5	3.1	6.8	6.1	−3.4	−0.7
Per cent divorced						
1960	2.5	3.5	3.6	5.7	1.0	2.1
1950	2.5	2.7	3.5	4.4	0.2	0.9
1940*	2.0	1.7	2.9	2.7	−0.3	−0.2
Change, 1940 to 1960	0.5	1.8	0.7	3.0	1.3	2.3
Change in per cent married minus change in per cent divorced	6.0	1.3	6.1	3.1	−4.7	−3.0

* For 1940, data relate to native white and Negro population.

Source: United States Bureau of the Census, *U.S. Census of Population: 1960, Marital Status*, Table 4; *U.S. Census of Population: 1950, Education*, Tables 7 and 8; and *Sixteenth Census of the United States: 1940, Educational Attainment by Economic Characteristics and Marital Status*, Tables 37 and 40.

were in the direction of smaller proportions of persons who were bachelors, spinsters, widowers or widows, but larger proportions of persons who were married or divorced. Significantly, however, for each group shown in Table 1, the 20-year increase in the per cent married was substantially greater than the increase in the per cent divorced. On net, therefore, these changes were all in the direction of a growing tendency for both blacks and whites to approach middle age in the married state.

A closer look at the data in Table 1 shows that the decade-by-decade changes were more consistently in the directions just cited for white than nonwhite persons. Thus, the 35-to-44-year-old nonwhites made great strides in the 1940's toward concentration in the married state, but reverted somewhat in the 1950's. The per cent single for nonwhites actually rose while that for white persons continued to fall, and the per cent divorced for the former rose sharply while that for the latter remained virtually unchanged.

On balance, the changes from 1940 to 1960 brought greater evidence of gains in marriage and marital stability to the white than nonwhite 35-to-44-year olds. Consequently, despite the gains made by nonwhites, the gap between the color groups in regard to living in the state of marriage had widened.

The Widening Gap by Educational Level

Table 2 shows that nonwhites approaching middle age in 1960, as compared with corresponding white persons, had lower proportions married and higher proportions divorced among those at all educational levels except the extremes. The largest differences between white and nonwhite persons in respect to proportions married or divorced were found among those in the central part of the educational range. Persons in this part of the range have generally developed the kind of expectations for middle-class living that is identified with "having the comforts of marriage." These persons have also, as a rule, acquired enough resources to afford the cost of a divorce in the event that their marriage turned out to be grossly unsatisfactory.

Among 35-to-44-year-old women, white college graduates with no postgraduate training had the distinction of achieving the lowest per cent divorced, whereas nonwhite women who left college before graduation achieved the highest per cent divorced. Nonwhite women with graduate school training were exceptional in that they had an even higher per cent married than similarly educated white women.

TABLE 2. MARRIED AND DIVORCED PERSONS 35 TO 44 YEARS OLD, BY YEARS OF SCHOOL COMPLETED, COLOR AND SEX, 1960

Marital Status and Years of School Completed	*Men*		*Women*		*Gap: Nonwhite Minus White*	
	White	*Non-white*	*White*	*Non-white*	*Men*	*Women*
Per cent married						
Total, 35–44	89.3	83.5	87.9	80.4	−5.8	−7.5
Elementary						
0–4 years	76.9	82.4	76.9	76.6	5.5	−0.3
5–8 years	87.3	84.1	88.0	80.7	−3.2	−7.3
High school						
1–3 years	90.2	83.6	89.4	80.8	−6.6	−8.6
4 years	90.5	83.1	89.1	81.9	−7.4	−7.2
College						
1–3 years	91.0	83.2	87.1	80.9	−7.8	−6.2
4 years	91.3	84.3	85.6	80.3	−7.0	−5.3
5 or more	89.3	85.6	68.1	74.7	−3.7	6.6
Per cent divorced						
Total, 35–44	2.5	3.5	3.6	5.7	1.0	2.1
Elementary						
0–4 years	2.5	2.4	3.2	3.6	−0.1	0.4
5–8 years	2.9	3.1	3.5	4.8	0.2	1.3
High school						
1–3 years	2.8	4.4	4.0	7.0	1.6	3.0
4 years	2.3	4.5	3.3	6.8	2.2	3.5
College						
1–3 years	2.5	4.8	4.2	7.6	2.3	3.4
4 years	1.5	2.8	2.8	6.4	1.3	3.6
5 or more	1.5	2.4	4.6	6.8	0.9	2.2

Source: United States Bureau of the Census, *U.S. Census of Population: 1960, Marital Status,* Table 4.

For college-educated men, the deficit of marriage and the excess of divorce among nonwhites as compared with whites generally diminished as the amount of college education increased. White men with graduate training had an extremely low proportion divorced, only 1.5 per cent, but that for nonwhite men was also very low, 2.4 per cent.

Table 3 shows how the per cent married and the per cent divorced changed between 1940 and 1960 for white and nonwhite persons in each educational level. For men, the increase in the per cent married was largest for those with a complete high school education but no college attendance; in addition, the per cent divorced increased the least (or actually decreased) for white men with a high school or college education, but increased most for nonwhite men with high school training and no college. Thus, for men, the changes in marital status during the 1940's and 1950's were generally more favorable for those with intermediate or upper levels of education, but more so for white than nonwhite men.

Among women, the 1940–1960 increases in per cent married were far larger for those with at least 12 years of school than for those with 11 or fewer years. Moreover, for women in the upper educational division, the increase in per cent divorced tended to be less than that for women in the lower division. By way of interpretive comment, these developments occurred during a period when more and more women were spending part of their time in gainful employment outside the home. Evidently, those with high school or college education were more successful not only in gaining employment but also in becoming married and staying married.

If the increases in per cent married are adjusted downward by the

TABLE 3. CHANGE IN PER CENT MARRIED AND DIVORCED BETWEEN 1940 AND 1960, FOR PERSONS 35 TO 44 YEARS OLD, BY YEARS OF SCHOOL COMPLETED, COLOR AND SEX

Years of School Completed and Sex	*Change in Per cent Married, 1940* to 1960*		*Change in Per cent Divorced, 1940 to 1960*		*Change in Per cent Married Minus Change in Per cent Divorced*	
	White	*Nonwhite*	*White*	*Nonwhite*	*White*	*Nonwhite*
Men, 35–44	6.5	3.1	0.5	1.8	6.0	1.3
Elemntaery						
0–4 years	−2.1	0.9	0.8	1.1	−2.9	−0.2
5–8 years	5.2	4.0	0.9	1.3	4.3	2.7
High school						
1–3 years	4.9	3.5	0.6	2.2	4.3	1.3
4 years	6.8	5.0	0.3	2.1	6.5	2.9
College						
1–3 years	5.6	3.7	−0.1	1.5	5.7	2.2
4 or more	5.4	2.0	−0.1	0.2	5.5	1.8
Women, 35–44	6.8	6.1	0.7	3.0	6.1	3.1
Elementary						
0–4 years	−3.5	3.3	1.3	1.6	−4.8	1.7
5–8 years	3.3	5.2	0.9	2.2	2.4	3.0
High school						
1–3 years	6.4	5.8	0.5	3.0	5.9	2.8
4 years	10.6	8.3	−0.1	2.5	10.7	5.8
College						
1–3 years	10.2	12.1	0.8	2.6	9.4	9.5
4 or more	17.6	12.5	0.5	1.8	17.1	10.7

* For 1940, data relate to native white and Negro population.
Source: See source of Table 1.

amount that the per cent divorced rose during the 1940's and 1950's, as shown in the last two columns of Table 3, the net effect is a clear pattern of substantially greater change in the direction of more marriage and marital stability among those approaching middle age with at least a full high school education than among those who had less education. With few exceptions, the same conclusion was relevant for white and nonwhite men and women, but more so for white persons.

This finding suggests that further upgrading of the educational level of blacks may become one of the potent forces conducive to increasing the development of stable marital unions among blacks, but that up to 1960 (the latest year for which data are available), the marital gap between blacks and whites at most educational levels was still widening.

The Widening Gap Since 1960

To summarize succinctly what has been happening to the marital status distribution by color during recent years, Table 4 was prepared on the basis of data from the Current Population Survey. This table is limited to persons 18 to 64 years old, largely because most marriages and divorces occur within this age span. To strengthen the reliability of the measures of change, information for five years was averaged. Thus, the "1960" data in Table 4 represent averages for 1958 to 1962, which are centered on 1960. Likewise, the "1965" data are averages for 1963 to 1967, centered on 1965. Moreover, the results were standardized for age. This refinement is especially significant for the age groups 18–19 and 20–24, because the composition of these groups changed radically between 1958 and 1967 by the markedly differing numbers of persons born between the mid-1930's and the years of high birth rates after World War II, who were 18 to 24 in 1958 to 1967.

The most relevant information in Table 4, for the present purpose, is in the columns showing "change" in marital status between (around) 1960 and (around) 1965. "Major favorable changes"—changes that tend to demonstrate increasing marriage and marital stability and that are statistically significant (0.4 per cent or more)—and corresponding "major unfavorable changes" are indicated.

Five of the six major changes for whites were favorable and five of the seven major changes for nonwhites were favorable. Among the favorable changes were the fact that, for both white and nonwhite men the proportion of adults who remained single had diminished and the proportion with marriages intact had risen. A major decline was recorded in separation for white men and in widowerhood for nonwhite

TABLE 4. PER CENT DISTRIBUTION BY MARITAL STATUS, FOR PERSONS 18 TO 64 YEARS OLD, BY COLOR AND SEX, STANDARDIZED FOR AGE, 1960 AND 1965

Marital Status and Sex	*White* 1960*	1965*	Change	*Nonwhite* 1960	1965	Change
Men, 18–64	100.0	100.0	0	100.0	100.0	0
Single	19.7	18.7	−1.0**†	25.6	24.4	−1.2†
Marriage intact**	75.4	76.8	1.4†	62.1	63.7	1.6†
Marriage disrupted						
Separated	1.5	1.1	−0.4†	6.7	6.4	−0.3
Divorced	2.0	2.3	0.3	2.7	3.3	0.6††
Widowed	1.4	1.1	−0.3	2.9	2.2	−0.7†
Women, 18–64	100.0	100.0	0	100.0	100.0	0
Single	13.3	13.1	−0.2	14.5	14.7	0.2
Marriage intact	75.3	75.9	0.6†	59.3	60.8	1.5†
Marriage disrupted						
Separated	2.0	1.7	−0.3	10.9	10.8	−0.1
Divorced	2.9	3.5	0.6††	4.2	4.9	0.7††
Widowed	6.5	5.8	−0.7†	11.1	8.8	−2.3†

* Average for five years, centered on the stated year.

** Married, except separated.

† Major favorable change.

†† Major unfavorable change.

Source: United States Bureau of the Census, *Current Population Reports*, Series P-20, No. 87, 96, 105, 114, 122, 135, 144, 159 and 170. This table has been adapted from Table 5 *in* Glick, P. C., Marital Stability as a Social Indicator, *Social Biology*, 16, 158–166, September, 1969.

men. The only significant major unfavorable change for men was an increase in per cent divorced for nonwhite men. For both white and nonwhite women, the major favorable changes were increases in the proportion with marriage intact and decreases in the proportion widowed, whereas the unfavorable changes were increases in the per cent divorced.

The last half of the period from 1958 to 1967 was a time of increasing numbers of marriages and divorces. The number of marriages went up nearly 350,000 in five years, from 1,577,000 in 1962, to 1,913,000 in 1967; meantime, the number of divorces went up about 100,000, from 413,000 in 1962, to 523,000 in 1967. Unfortunately, corresponding increases in first marriages and remarriages are not available from vital records, and increases in marriages and divorces by color are likewise not available.

For persons in the span of the most marriageable years as a whole, the net effects of all the changes shown in Table 4 were in the direction of less living in the state of bachelorhood, spinsterhood, separation and widowhood and in the direction of more living in intact marriages despite the increases in divorce. Increasing joint survival of married couples and increasing remarriage (associated with increased divorce) are believed to be among the more important contributors to these developments. To the extent that increasing divorce was associated with decreasing separation, most of the persons involved probably thought they were improving their adjustment by terminating marriages that were no longer viable and moving toward a happier life in remarriage or to a more peaceful life in a permanent state of divorce.

Majority of Favorable Changes Occurs at Young Ages

By disaggregating the global situation and showing changes in marital status by age, significant knowledge about what has been happening is added. Table 5 shows such disaggregated changes for 1960 to 1968. However, this table is not strictly comparable with Table 4 for several reasons. First, Table 5 shows data for Negroes instead of nonwhites, and, second, it has unlike sources for the terminal dates—the 1960 data being from the decennial census and the 1968 data from Current Population Survey statistics for a single year. (The first year for which marital status by age was published for Negroes from the Current Population Survey was 1968.) Besides being for one year, the 1968 data are subdivided into three age groups, with attendant higher sampling variation.

A special definition of a favorable change in marital status for persons under 25 years of age is used in Table 5; it had been introduced earlier in the paper cited in the source of Table 4. Thus, at this age an increase in the per cent single and a decrease in the per cent with marriage intact are regarded as favorable because they are consistent with a change toward more mature age at first marriage.

In Table 5, "major favorable changes" and "major unfavorable changes" are indicated. However, because of the larger sampling variability of the changes shown in Table 5, only those amounting to 1.0 percentage point or more are regarded as "major."

Table 5 shows substantial and consistently favorable major changes during the 1960's in marital status for young blacks as well as young whites (14 to 24 years of age). By contrast, all but one of the major changes were unfavorable for blacks in the next older group (25 to 44), and as many unfavorable as favorable major changes occurred in the oldest group (45 to 64). For all age groups combined, whites had nine favorable and no unfavorable major changes, and Negroes had six favorable and ten unfavorable major changes in marital status.

TABLE 5. CHANGE BETWEEN 1960 AND 1968 IN MARITAL STATUS, FOR WHITE AND NEGRO POPULATION 14 TO 64 YEARS OLD, BY AGE AND SEX

	Change in Per Cent by Marital Status, 1960 to 1968					
Marital Status and Sex	*14–24 Years Old*		*25–44 Years Old*		*45–64 Years Old*	
	White	*Negro*	*White*	*Negro*	*White*	*Negro*
Men	0	0	0	0	0	0
Single	1.4**	3.6**	−0.3	0.8	−1.2**	0.2
Marriage intact*	−1.2**	−3.4**	−0.2	−2.4***	1.2**	−3.3***
Marriage disrupted						
Separated	−0.1	−0.3	0.0	1.3***	0.0	2.2***
Divorced	−0.2	0.0	0.5	0.3	0.3	1.7***
Widowed	0.0	−0.1	−0.1	0.1	−0.2	−0.9
Women	0	0	0	0	0	0
Single	5.1**	6.8**	−1.0*	0.9	−2.2**	−1.0**
Marriage intact	−4.9**	−5.5**	−0.2	−4.6***	2.0**	0.5
Marriage disrupted						
Separated	−0.1	−1.2**	0.5	2.1***	0.2	2.5***
Divorced	0.1	−0.1	0.8	1.7***	0.5	2.0***
Widowed	0.0	0.0	−0.2	−0.2	−0.6	0.1

* Married, except separated.

** Major favorable change.

*** Major unfavorable change.

Source: United States Bureau of the Census, *Current Population Reports*, Series P-20, No. 187, Table 1; and *U.S. Census of Population: 1960, Marital Status*, Table 4, and *Nonwhite Population by Race*, Table 19.

For those 14 to 24, the recent changes are interpreted as implying even more change by Negroes than whites toward postponement of marriage until mature adulthood. Yet, a larger proportion of Negroes than whites in 1960 were already delaying marriage until after the age of 25 years. Therefore, the added delay in marriage before age 25 for Negroes is not as clearly favorable as it would have been if the two racial groups had started the decade with the same proportions single.

For Negroes 25 to 44 years of age, the decline in the proportion with intact marriage is traceable notably to increases in the levels of separation and divorce, which were already high in 1960. For example, the proportion separated rose from 13 to 15 per cent for Negro women of this age range between 1960 and 1968; that for comparable white women went up from only 1.5 to 2.0 per cent. During the same period the proportion divorced for Negro women of this age rose from five to seven per cent; that for white women rose from only three to four per cent.

For persons 45 to 64 years old—regarded here as persons of middle age—the indicators pointed to a particularly sharp drop in the proportion of Negro men with marriage intact during the 1960's, despite the fact that they started the decade with a far smaller proportion in this category than did white men (74 versus 85 per cent). During the period from 1960 to 1968, the proportion of middle-aged Negroes with a disrupted marriage (separated or divorced) went up by four percentage points, while that for white persons went up less than one. By 1968, fully 15 per cent of the Negro men and 18 per cent of the Negro women of middle age were reported as separated or divorced, as compared with only four and six per cent of white men and women, respectively.

Figure 1 provides additional evidence of the changing marital situation for persons in their late twenties and early thirties. This graph shows three-year moving averages for two broad marital classes covering the period 1957 to 1968. Especially noteworthy in the graph are the changes around the mid-1960's toward lower proportions of nonwhite women with marriage intact and toward higher proportions of nonwhite men with disrupted marriages. These changes raise the question as to whether the marital situation among blacks has been showing some signs of deterioration in the past few years. The most significant facts about the 1958–1967 trends in Figure 1, however, are the continuing lower level of the per cent with marriage intact and the far higher level of the per cent separated or divorced for nonwhite than for white persons throughout the entire period.

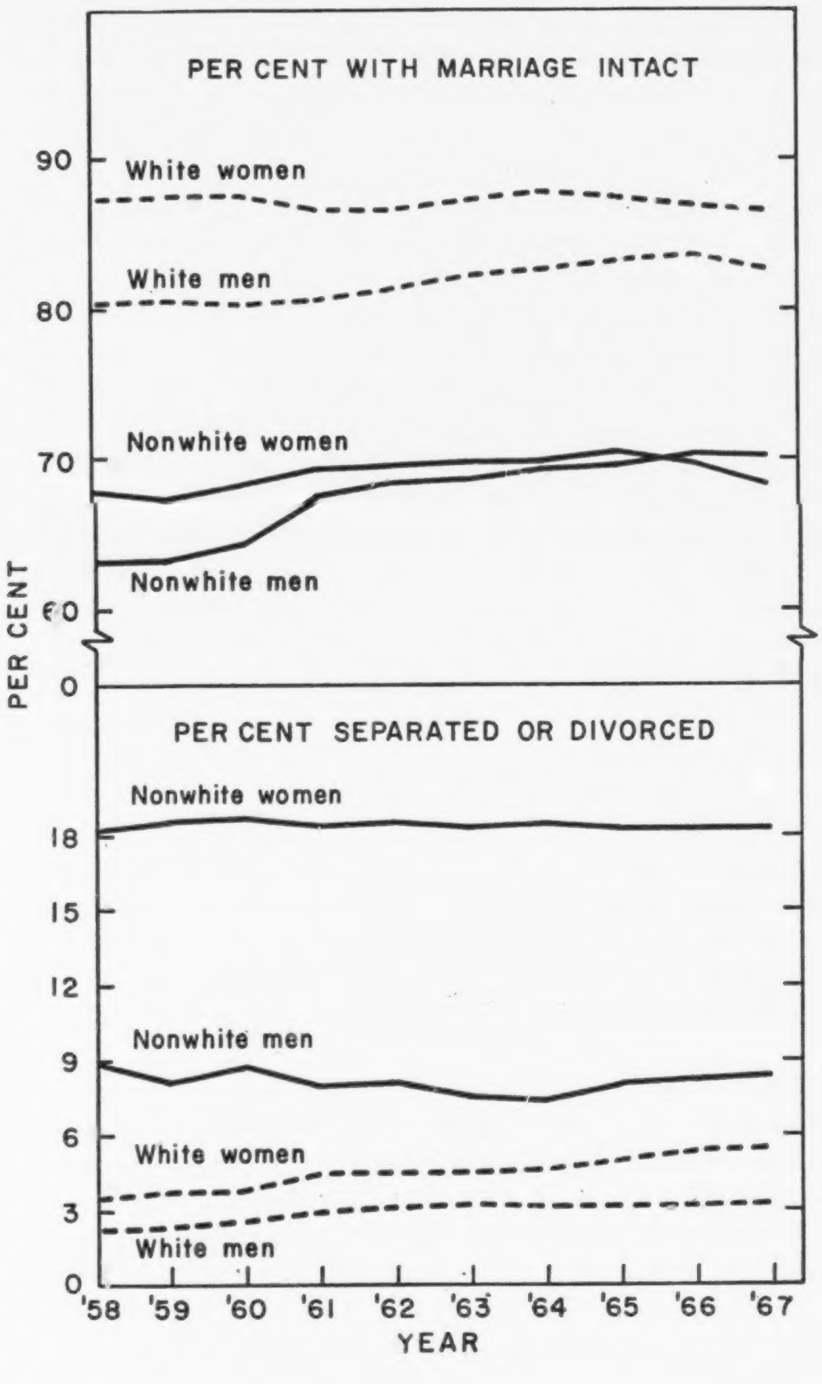
The Marital Situation by Farm-Nonfarm Residence

Table 6 presents color differences with respect to the proportion of persons in broad categories of marital status in 1968, by farm and nonfarm residence. Only broad categories are shown because the sampling variability of the data is particularly large for the farm population. Moreover, because of this consideration, differences between Negroes and whites that are identified as reliable and favorable or as reliable and unfavorable are limited to those amounting to at least 4.0 per cent for persons on farms and 1.0 per cent for persons in nonfarm areas.

All of the differences interpreted as reliable and favorable to Negroes were for persons 14 to 24 years of age and reflected greater postponement of marriage until well into the twenties for nonfarm Negro residents.

Especially noteworthy for persons 25 to 44 years old is the very wide gap (14 percentage points) between Negroes and whites with regard

FIGURE I. THREE-YEAR MOVING AVERAGES WITH MARRIAGE INTACT AND SEPARATED OR DIVORCED, FOR PERSONS 25 TO 34 YEARS OF AGE BY COLOR AND SEX



to the proportion single for men on farms. Thus, for men on farms fully 30 per cent of the Negroes were still single at age 25 to 44, but only 16 per cent of the whites were single. The corresponding difference for women on farms was also quite wide—16 per cent single for Negroes and only five per cent for whites. These findings and similar but less spectacular differences for those aged 25 to 44 in nonfarm areas are consistent with the long-observed tendency for Negroes to delay marriage until a relatively late age.

Of special concern among persons 45 to 64 years old is the extremely wide gap of 23 percentage points between Negroes and whites regarding the proportion with marriage not intact for nonfarm women. Behind the difference of 23 per cent was this striking contrast: 43 per cent of the nonfarm Negro women of middle age had been married, but currently were not in an intact marriage, as compared with only 20 per cent of corresponding white women. Nearly half of the difference was attributable to excess separation among the Negro women (11 versus two per cent) and most of the rest to excess widowhood among the Negroes (24 versus 14 per cent). For middle-aged men, the gap in the proportion with marriage not intact was smaller, but still substantial (15 per cent) and represented the difference between 22 per cent for Negroes and only seven per cent for whites. A larger proportion of the Negro than white men with marriage not intact were separated, whereas a larger proportion of the corresponding group of white men were divorced.

As a summary observation, the indicators of marriage and marital stability for persons living on farms in 1968 were consistently less favorable for blacks than for whites. In nonfarm areas, the indicators were possibly more favorable to young blacks than young whites (although this interpretation of the situation is subject to challenge). But, among those aged 25 to 64, the proportion with marriage not intact was even higher for nonfarm blacks than for blacks living on farms.

Marital Instability by Size of Place and Region

In an earlier study,[2] an analysis of variance was carried out to test the hypothesis that marital instability among women tends to show more variability by size of place than by geographic region. Although the hypothesis was partially supported by the study, certain refinements were proposed for a later study. These refinements consisted of limiting the white population to native persons of native parentage and limiting the nonwhite population to Negroes, to make each of the

TABLE 6. DIFFERENCE BETWEEN NEGRO AND WHITE DISTRIBUTION BY MARITAL STATUS, AGE AND SEX, FARM AND NONFARM, 1968

Marital Status and Sex	*Per Cent by Marital Status for Negroes Minus Per Cent by Marital Status for Whites*					
	14–24 Years Old		*25–44 Years Old*		*45–64 Years Old*	
	Farm	*Nonfarm*	*Farm*	*Nonfarm*	*Farm*	*Nonfarm*
Men	0	0	0		0	0
Single	−4.4***	4.2**	13.9***	5.3***	4.1***	1.6***
Marriage intact*	−1.8	−5.0**	−22.9***	−14.9***	−5.9***	−16.0***
Marriage not intact	6.1***	0.8	9.1***	9.4***	1.8	14.5***
Women	0	0	0	0	0	0
Single	0.1	4.7**	11.5***	4.6***	−1.8	−0.9
Marriage intact	−1.7	−6.9**	−15.8***	−24.1***	−14.5***	−22.2***
Marriage not intact	1.7	2.3***	4.4***	19.5***	16.2***	23.0***

* Married, except separated.

** Major favorable change.

*** Major unfavorable change.

Source: United States Bureau of the Census, *Current Population Reports*, Series P-20, No. 187, Table 1.

TABLE 7. ANALYSIS OF VARIANCE OF SEPARATION AND DIVORCE RATIOS BY SIZE OF PLACE AND REGION, FOR NATIVE WHITE PERSONS OF NATIVE PARENTAGE AND NEGROES 25 TO 64 YEARS OLD, BY SEX, 1960

Area	*Separation Ratio*				*Divorce Ratio*			
	Men		*Women*		*Men*		*Women*	
	*White**	*Negro*	*White*	*Negro*	*White*	*Negro*	*White*	*Negro*
Total variance	86	108	222	559	420	115	1,254	334
By size of place	54	75	140	387	235	34	1,035	166
By region	32	33	82	172	185	81	219	168
Per cent of variance	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
By size of place	62.8	69.4	63.1	69.2	56.0	29.6	82.5	49.7
By region	37.2	30.6	36.9	30.8	44.0	70.4	17.5	50.3

* Native white of native parentage.

Source: United States Bureau of the Census, *U.S. Census of Population: 1960, Marital Status*, Table 3.

two ethnic groups more homogeneous. In Table 7 these refinements are introduced, and the results are extended to include men as well as women.

The two measures of marital instability used here are a separation ratio and a divorce ratio. The former is actually the percentage of married persons reported as separated, and the latter is the ratio of divorced to married persons. Thus, both ratios have married persons as the base and may be added to obtain a disrupted marriage ratio.

The findings on separation ratios confirm the hypothesis consistently for both blacks and whites, with about twice as much of the variance being accounted for by the size-of-place factor as by the regional factor. Especially large contributions to the variance were made by the relatively high separation ratios in central cities of metropolitan areas in the Northeast (Negro women 22 per cent, Negro men 12 per cent, white women five per cent, and white men three per cent) and by the relatively low separation ratios on farms in the South for Negroes (six per cent for women and five per cent for men) and in the North Central States for whites (0.2 and 0.3 per cent for women and men).

The findings on divorce ratios were quite mixed, with the hypothesis being strongly rejected for Negro men, strongly confirmed for white women and with the variance about equally divided between the two factors for the other groups. For Negroes, heavy contributions to the variance were made by the high divorce ratios in central cities of the North Central States (11 per cent for women and six per cent for men) and by the low divorce ratios in the rural South (less than three per cent). For whites, important sources of variance were the especially low divorce ratios in the urban fringes of cities in the Northeast (where many affluent persons belonging to white ethnic groups with low divorce rates are concentrated); also, especially high divorce ratios were observed in the urban fringe in the West, and especially low ratios on Midwest (North Central) farms.

Children by Marital Status of Parents

Perhaps the greatest public concern about marital instability centers around the number of children who are affected. Table 8 shows the marital status of the parents of children under 18 years of age in 1960 and 1968 by color, including the first available data for Negroes (from the Current Population Survey for 1968). Partly because of higher birth rates among nonwhites, nearly one-fifth of the increase during the 1960's in the number of these children of dependent age occurred

TABLE 8. CHILDREN UNDER 18 YEARS OLD, BY PRESENCE AND MARITAL STATUS OF PARENTS, BY COLOR OR RACE, 1968 AND 1960

Presence and Marital Status of Parents	*1968**			*1960**		*Change 1960 to 1968**	
	White	*Non-white*	*Negro*	*White*	*Non-white*	*White*	*Non-white*
All children under 18	59,953	10,650	9,775	55,586	8,724	4,367	1,051
Per cent	100.0	100.0	100.0	100.0	100.0	0	0
Living with both parents	89.4	60.4	58.3	90.8	66.6	−1.4	−6.2
Living with one parent	8.6	29.6	31.2	7.1	21.7	1.5	7.9
Widowed	2.1	5.8	6.2	2.1	4.6	0.0	1.2
Married, except separated	1.3	2.9	2.6	1.5	2.9	−0.2	0.0
Separated	2.1	13.3	14.3	1.4	9.6	0.7	3.7
Divorced	3.0	4.1	4.3	2.0	2.6	1.0	1.5
Single	0.2	3.5	3.8	0.1	2.1	0.1	1.4
With mother only	7.7	27.6	29.1	6.1	19.8	1.6	7.8
With father only	0.9	2.0	2.1	1.0	2.0	−0.1	0.0
Living with neither parent	2.0	10.0	10.4	2.1	11.7	−0.1	−1.7
With other relatives	1.3	8.4	8.8	1.1	9.3	0.2	−0.9
With nonrelatives	0.7	1.6	1.6	1.0	2.4	−0.3	−0.8

* Numbers in thousands.

Source: United States Bureau of the Census, *Current Population Reports*, Series P-20, No. 187, Tables 4 and 9; and *U.S. Census of Population: 1960, Detailed Characteristics, U.S. Summary*, Tables 181, 182, and 185.

among the nonwhites, although only one-seventh of the children in 1960 were nonwhite.

Negro children in 1968 were four times as likely as white children not to be living with both parents (42 versus 11 per cent). The proportion of children under 18 living with both parents had declined during the 1960's by 1.4 percentage points for whites and 6.2 for nonwhites. At least a part of the decline for each group was attributable to strictly demographic, as contrasted with social and economic, factors; as the birth rate has fallen since 1957, so has the proportion of children under 18 years of age who were at the very young ages when children are most likely to live with both parents.

Whereas 22 per cent of the Negro children in 1968 were living with a separated, divorced or unwed parent (nearly always the mother), the corresponding proportion for white children was only five per cent. Between 1960 and 1968, the number of children in these circumstances increased by seven percentage points for nonwhites, compared with only two percentage points for white children. During the same period, however, the proportion of nonwhite children living with neither parent declined from 12 to ten per cent; that for white children remained at the far lower level of two per cent.

On balance, recent changes have brought a wider gap during the 1960's between blacks and whites regarding the proportion of children of dependent age who were living with only one parent. Many, if not most, of these children had parents who were born in, or grew up in, either the Great Depression or World War II. A critical cohort of these parents comprises adults 25 to 34 years old, who were shown (Figure 1) to have some indications of greater marital instability since the mid-1960's.

SUMMARY AND CONCLUSIONS

This paper has demonstrated that blacks made more headway than whites during the 1940's in advancing the proportion married among those approaching middle age. The direction of change continued for whites during the 1950's, but reversed for blacks, with the net effect of more gain over the 20 years from 1940 to 1960 for whites than blacks.

During the early 1960's, all indicators showed increasing marriage and marital stability for both blacks and whites of mature adult age, but more change in this direction for whites. In this period, the proportion with marriage intact went up at least partly because of increasing joint survival of husbands and wives. Increases in divorce were offset to some extent by declines in separation. A growing tendency to delay first marriage increased the proportion of young single adults; increasing marriage at older ages reduced the ranks of bachelors and spinsters.

Blacks on farms in 1968 had a consistently lesser tendency than whites toward marriage and marital stability at young, intermediate and older adult ages. Young adult blacks in nonfarm areas were delaying marriage more than were their white counterparts, whereas blacks of more mature adult ages in nonfarm areas tended to show far less evidence of marriage intactness than corresponding whites.

For both blacks and whites of native parentage, variations in separation by size of place greatly exceeded those by region of residence. However, the situation was mixed with regard to variations in divorce.

The marital situation seems to have been deteriorating somewhat since around the mid-1960's among blacks in their late twenties and early thirties. Most of these persons are parents of young children. At the same time, the proportion of young children who were living with separated, divorced or unwed parents went up by one-half among both blacks and whites between 1960 and 1968. One of the factors behind this change is more immediately demographic than social—the decline in the birth rate since 1957; fewer young children now than a decade ago are in the very young ages when most children live with both parents.

Yet, many parents of today's children had married for the first time in the late 1950's when the average age at marriage was the youngest on record. Now this same cohort of parents has a record proportion divorced. During the last decade, however, the average age at marriage has been rising, and the proportion of youth who dropped out of school before completing high school has been falling. Therefore, to the extent that early marriage and dropping out of school weaken the chances for stable marriage, the developments in these respects during the 1960's should be reducing the prospects for continued escalation of divorce in the decade ahead.[3]

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Note: The opinions expressed in this paper are not necessarily those of the Bureau of the Census.

DISCUSSION

Dr. G. Franklin Edwards: The paper by Dr. Glick is based upon the assumption that living in an intact family unit is a desirable condition for the marital partners and for their children. Few persons would argue with this position. Operating upon this assumption, Glick analyzes the marital status statistics of the 1940, 1950 and 1960 decennial censuses and recent data on the subject from the *Current Population Reports.* He concentrates mainly, but not exclusively, on persons 35–44 years of age because they are "at a stage in life when most of those who will ever marry have done so and when the proportion of persons who are divorced is at or near its height."

The basic, overall finding, in terms of the assumption employed, is that the marital stability of both whites and blacks improved during the period 1940–1968; but, relative to whites, the position of blacks weakened over the entire period. A marked widening of the comparative position of blacks has been noted especially since the mid-1960's. In general, a variety of indicators support the overall finding: greater instability of blacks is found in both farm and nonfarm areas and among all the age groups used in the analysis. In addition, the proportion of Negro children under 18 living with a single parent or with relatives has increased much more than the comparable proportion for white children of the same age grouping.

The trends observed by Glick are important as social science facts and have important implications for public policy. They do not, however, provide explanations of the observed phenomena. To indicate that the analysis does not enlighten us regarding the underlying causes of the increasing instability of black families, when compared with white families, is not to criticize Glick's paper for what, obviously, it did not purport to do. Moreover, one appreciates the limitations imposed by use of sample data of the type employed for the period since 1960 for making rigorous analyses.

In a larger sense, the paper illustrates the limitations of demographic analysis for an understanding of complex behavioral phenomena such as the dynamics of Negro family life and other aspects of ghetto living. Such analysis, as Glick's paper illustrates, makes a fundamental contribution by providing evidence on the characteristics of and changes in the aggregates studied and, as such, provides valuable clues and suggestions for other types of investigations along the line of some of the other papers prepared for this Conference. It is unfortunate that, since 1940, we have not had systematic studies of the Negro family that combine the findings of demographic analysis with other types of investigations. On the assumption that the family mirrors the basic changes occurring in the larger society, it is important that more comprehensive and systematic studies of black families be undertaken if we are to understand the processes occurring in the black ghettos and, indeed, in the contemporary metropolitan communities of this country.

The paper discussed here raises a number of questions to which all of us would like to have answers but, unfortunately, do not. Why, for example, should the marital status of blacks and whites show a tendency toward convergence during the 1940's and to widen markedly in the period since 1950? Something of the same tendencies have been noted with respect to the convergence of black and white occupational statuses during the 1940's and to greater dissimilarity thereafter. I would suspect that we know more of the underlying reasons for the observed trends in occupations as a result of our studies of labor market requirements, changing technology and racial discrimination than we do about the trends observed in the marital stability of the two groups.

As the analysis is not carried out by socioeconomic levels, any curiosity regarding the strata of the respective populations that make the heaviest contribution to the observed dissimilarity in marital stability cannot be satisfied. Past findings of other students suggest that the family life of the middle and higher socioeconomic groups is characterized by greater stability than that of the lower socioeconomic group. (This conclusion is also supported by the Glick finding that both blacks and whites show "a substantially greater change in the direction of more marriage and marital stability among those approaching middle age with at least a full high school education than among those who had less education.") Given the marked increase in the black middle class and the educational level of blacks since 1940, one would suspect that these factors make a substantial contribution to closing the gap between blacks and whites in marital status and marital stability. Why the marital gap should widen after 1950 can be understood only by a more detailed analysis of the strata within each of the two groups that make the most substantial contributions to changes in the phenomena studied.

It is a logical assumption that convergence on marital status and marital stability indicates that blacks and whites are becoming more alike in life circumstances. Is it equally logical to assume that greater divergence of the indicators suggests that the two groups are becoming more dissimilar in the objective conditions under which they live? Or is it true, as some students suggest, that the differential values and traditions of blacks with respect to family life account for the persistence and widening of the differences observed for the two groups even when the objective conditions become more alike? Or is it simply that the more rapid increases in urbanization and "metropolitanization" of the black population have influenced the differences in a significant way?

Whatever the underlying reason, or combination of reasons, for the dissimilarities between black and white families in marital stability, the black family has become an object of serious public concern. In part, this has resulted from a growing awareness on the part of blacks of the disadvantages under which a higher proportion of black families live and a mobilization of efforts to assert the differences in life circumstances of blacks and whites that create or perpetuate this condition.

Dr. Valien: I would like to underscore what has been said, because

I think it is very important that we at least acknowledge that we are not going beyond formal statistics and to tell why.

But with reference to what the paper says about urbanization, I think the welfare syndrome has been ignored in terms of the result that it has on marital status, and the "man in the house" possibilities. I think this ought to be acknowledged and taken into account.

There is also the matter of common law marriages. I suppose this is something that is very difficult, if not impossible, to get at in a census enumeration. However, some years ago I made a study of what might be called "stable common-law marriages." I took as a definition of a stable common-law marriage, a marriage that was without formal declaration of the state, but one that had existed long enough to produce children. I had about 50 cases and I studied them in some depth. I found that about 40 were still in that state; with children and with the husband and wife present, but not formally married. They enumerated themselves as not married. Yet, they were stable in the sense that they had recognized and acknowledged the joint responsibilities of children, operated a household and so on.

Interestingly enough, the unions that had disintegrated had done so *after formal marriage*. When their marriages had been legitimatized the responsibilities and obligations became onerous. The man would not let his wife go out alone, so the family would just disintegrate. I also found that most of the liaisons that were still stable had not been formalized *because of the desire of the woman not to formalize it.* I thought this was very interesting. The woman's desire not to lose the independence that she felt she had in not having a formal relation was mentioned again and again.

Dr. Bernard: First of all, I protest against the unqualified way "urbanization" is used. It is not the same thing over time. Urbanization was one thing a hundred years ago. It was something else 50 years ago and it is different again today. Originally, the most stable families among blacks were those in urban areas. The free Negroes were, long ago, among the most stable.

As for "convergence" of black and white marriage, I did look at this once (see *Journal of Marriage and the Family,* November, 1967). I know that you cannot really hold occupation and education constant between blacks and whites, but I used these variables and found that although high income, occupation and education did, indeed, make for greater stability of marriage in both the black and the white population, even at high levels of income, occupation and education, there was still a differential. At high levels of socioeconomic status, there was a larger proportion of black than of white men from 45 to 60 years of age who were not living with their first wives.

With reference to Dr. Valien's last point, Dr. Bell also found in his studies in Philadelphia that the women in consensual unions did not want to get married.

When I was looking at the historical data on black out-of-wedlock births I was puzzled by the fact that around 1920, the proportion of such births in the black population was lower than it had ever been and lower than it ever has been since that time. In many cases it was doubtless a consensual type of union, but at least there were two parents present (see MARRIAGE AND FAMILY AMONG NEGROES).

Dr. Liebow: Dr. Glick spoke about involuntary separation—death, particularly, accounting for so many of the children living in one-parent families. In addition to death, other forms of involuntary separation play a very important part and do not necessarily reflect on family stability, but are themselves reflections of a variety of political and social forces. One would be the great number of black men in jail, at any given time, and the great number who are on the run from the police, or from personal enemies in their own communities.

Dr. Price: The marital status in which whites and nonwhites have the greatest differential is that of "married with spouse absent." Looking at this information on a cohort basis is one way of getting a slightly clearer picture. If we start with cohorts aged 15–19 and plot the per cent married with spouse absent, among white females this percentage increases slowly to eight or ten per cent. Among nonwhite females, however, the percentages increase more rapidly to 20 or 25 per cent. Even more important, however, is the fact that starting with cohorts 15 to 19 in 1960, each succeeding cohort of nonwhite females has a higher percentage married with spouse absent and the percentage increases more rapidly with increasing age in each succeeding cohort.

This is apparently associated with the rapid urbanization of the black population because female-headed households are basically an urban phenomenon among both whites and nonwhites. It is important that we not stop at this point and say that this is bad. It is simply different. We need to know more of the consequences of this phenomenon and the factors involved in it.

Mr. Campbell: I also would like to emphasize the usefulness of cohort analysis for data of this kind. I think we should be able to develop measures such as cohort first-marriage rates, divorce rates and so forth, to enable us to see the sequence of these events in different population groups.

I think this would help clarify some of the trends in the data that Dr. Glick presents. I know there are difficulties in doing this, but I think that we could at least make approximate cohort models of what has happened that would be useful for descriptive purposes.

Dr. Himes: I think what I want to say is what has already been said very well by Dr. Edwards, but I want to say it in a little different way. Last year, I worked with some data on white and Negro families in North Carolina. I think the thing that bothers me is that family data, over time, have a built-in flexibility with change, but the ideas we use with the data have a built-in rigidity. There are two things we saw, here, the overtone of meaning in the very notion of marriage without both spouses present. There is a rigidity in this. But the people about whom we are talking may not be at all heavily committed to this as having any real properness for the family. For them this is not necessarily a standard of proper behavior, but for us it is a standard to interpret data.

Then there is the idea of urbanization, which is a variable sort of thing. The very fact of moving from a small town or rural place to a middle-sized or big city may mean a hundred different things to a hundred different people. But it is a single factor for us with a single, inflexible meaning. The names and the ideas that we keep using are in themselves unchanging, while the data are changing very much, and for that reason the meaning keeps leaking out.

Dr. Farley: I would like to ask Dr. Glick about some possible errors in the data that would make for some of these discrepancies between white and black populations. May I first point out that one large difference is in the proportion of married people who do not live with a spouse. Another major racial difference is in the proportion of families headed by a female.

We know that there is a substantial undercount of the black population. The undercount is much greater among blacks than among whites.

What would happen if many of the people who are now missed by the Census or by the Current Population Survey were, indeed, to be enumerated? How much of the observed racial difference can be attributed to errors in the collection of data? Would the pattern of racial differences be much different if we made assumptions about the magnitude of the undercount or the characteristics of people who are missed?

Dr. Willie: With reference to the trends shown in Dr. Glick's chart from 1958 to 1967, I do not question the data, but my interpretation is that there is not much change in the trend; so before explaining it I would like to know whether Dr. Glick sees an essential trend toward instability. I do not see it from the data. I see those lines, which are pretty straight with a little wave in them, and I am afraid that we have been explaining something that just does not exist. I would be interested in Dr. Glick's interpretation, whether he sees any real change, in terms of the trend.

Second, I would like him to indicate whether he has done any study that carries the analysis quite a distance back, and looks at changes among blacks only rather than changes among blacks in relation to whites. I think one of the problems of interpretation is that the family situation for blacks is always compared to whites. But if the black population is studied over a long period of time, what are the findings about the married state? Is the black family today more stable than in the distant past?

Dr. Thompson: I want to comment on two things briefly. One is that the more middle-class the black population becomes the more convergence we might expect in marriage statistics by color.

I have just finished a two year study of a thousand black ghetto families including their conception of marriage. The study strongly suggested that we are imposing the middle-class conception of marriage on these people. Marriage to them is mostly a ritual, because "With all my worldly goods I thee endow" means nothing for a man with no worldly goods. So they can live together, and if they can escape the social stigma the ritual really means nothing. But our middle-class marriages carry with them the connotations of various things including inheritance of property.

This interests me, and at some other time I would like to talk about these middle-class assumptions. We assume that a certain type of marriage is the right kind of marriage for blacks, because it is the right kind of marriage for middle-class white America. But I think it might be a catastrophe in some instances.

If we think of the population as an organism whose main function is to survive, I think we might get a different picture of the black family from that based upon middle-class values. On the whole, black women have done pretty well in terms of the survival of the race. A hundred years ago there were just four million blacks, and now there are 22 million. I think this is pretty good, and I do not think we should look at it from our own middle-class bias.

It always worries me when we start comparing the black family with the white middle-class family. Blacks live under different circumstances; their total outlook is different, and I think that one of the worst things about social science is that we have become moralists. We tend to accept a norm and we judge all families according to this norm. So we focus upon the pathology rather than the cognitives for acceptance.

I asked of the thousand families that I studied this question: "Given the economic and social circumstances under which you live, what is the best form of family you can develop?" And by golly, they have the best form.

For example, we worried at one time about the adoption of children. As you know if you study adoption bureaus, you almost never get a black child adopted in the ghetto. They have an informal adoption and the child grows up with three mothers—his aunt, his grandma and his natural mother. If any one of them dies or leaves he is in the same condition he was in before; he has the same security. So I am afraid of moralizing about the Negro family.

Dr. Teele: In 1865, the Boston Health Department in its annual report compared the number of Negro deaths with the number born, and because the number of deaths was greater, concluded that the Negro population of Boston was dying out.

W. E. B. Dubois, in 1895 or so, I think, commented on the inaccuracy of the 1870 Census, and on how stupid it was to suggest that the black population was dying out.

So somewhere in the last century, apparently, there was great hope (or fear) that the blacks were going to die out, and that they were not going to survive.

Dr. Glick: I appreciate all the comments, but since the time is short, I can react to only a few.

Some data will appear in the Carter-Glick monograph on marriage and divorce about the differences in marital adjustment at different social and economic levels that Dr. Edwards mentioned.

For example, the proportion of couples who double up with someone else is higher for blacks than whites, on the average. As you go up the income scale, however, the difference goes down very markedly to a point where, at the highest income level that we identify, the proportion of Negro couples still living together who maintain their own home is as high as the corresponding level for whites.

Another point concerns the recent increase in the proportion of young Negroes who remain single. I have written more extensively about the subject in a paper that was published in *Social Biology* in September, 1969. There I say that the recent increase in per cent single among young blacks is not necessarily a favorable sign, because they already had a larger per cent single to begin with, meaning to me that a larger proportion of blacks than whites were incapable of maintaining a home and providing the other material things that go with marriage.

There have been comments about the quality of data and possible errors. I agree with what I understood Farley to imply; namely, that if we enumerated all the Negro men who are now being missed, we would show more favorable family life for Negroes, more Negro men and women living together. The man-in-the-house idea has probably kept many responding wives from confessing to the census taker that her husband was there.

The need for cohort data was mentioned by Price and Campbell. One of the things on our agenda at the Census is to retabulate the data from our population surveys for several years to show information by single years of age on many relevant subjects, including marital status. The results will permit one to trace through one birth cohort after another.

The Bureau of the Census received funds a few years ago from the Office of Economic Opportunity to conduct the Survey of Economic Opportunity for 1967. Now, thanks to funds from NIH we have some findings in hand from the survey and more are coming through on probabilities of first marriage, divorce after first marriage, widowhood after first marriage, remarriage after divorce and widowhood, and divorce after remarriage, by social and economic characteristics—the educational level and income of the husband, how many children the women have in their home and the age at which they entered their previous marital state.

Some of the data were presented at the 1969 meeting of the International Population Union in London. There will be a report on the subject in the spring. The report will include data on the marital history of those who married for the first time less than ten years ago, ten to 19 years ago, and 20 or more years ago. For those who had been married once, we will show what their marital status was at the time of the survey; for those married twice, how their first (and second) marriage had ended; and for those married three or more times, how their first (and last) marriage ended.

ILLEGITIMACY AND RACE
National and Local Trends

JAMES E. TEELE
AND
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Webster's Third New International Dictionary defines illegitimate as "1a. not recognized by law as lawful offspring: bastard; usually born of parents not married to each other. b. conceived in fornication or adultery." (A story, probably apocryphal, quotes a young woman on the difference between fornication and adultery: "I've tried them both and there is no difference.") One could define illegitimacy as a state referring to the birth of a child, which is not sanctioned or approved by society, with said child and his natural parents being denied many of the rights and privileges usually inherent in their roles of parent and child. Another, and possibly less precise but more meaningful definition is that illegitimacy is what society says it is, with different societies giving different definitions. For example, in some states in the United States, a birth is defined as illegitimate if the mother indicates she is not married at the time; but in other states the mother is asked only if she has ever been married, and if so, the child is assumed to be legitimate. An awareness of the range of usage should be kept in mind when statistics on illegitimacy are presented because the adequacy of and comparability among states of the definition and derivation of illegitimacy are relevant to the long and intensive debate on whether illegitimacy ratios are less important than illegitimacy rates. The present paper will present clarifying material on this point, so suffice it to say for the present that although ratios and rates each have certain weaknesses, both are useful and relevant to the analysis of illegitimacy trends.

UNITED STATES STATISTICS ON ILLEGITIMACY

So-called national statistics on illegitimacy were not available in this country until 1917; even then, only 54 per cent of the population was included in the birth-registration area. Moreover, in 1917, three of the states in the birth-registration area (California, Massachusetts and New York) did not report on illegitimacy and it is not clear from the Report of Vital Statistics whether total live births from these three states were excluded from the illegitimacy analysis. If they were not excluded, then the Vital Statistics section underreports the proportion of all live births that was of illegitimate parentage prior to 1933. It was 1933 before all the states were included in the birth-registration area and, it was 1938 before estimates were made for the states not reporting illegitimacy. (By 1948, states not reporting illegitimacy had risen from three to 16).

Recognizing the weakness, then, of statistics on illegitimacy, which include only the states in the registration area and thereby excludes many states with apparently extensive illegitimacy, Table 1 shows the illegitimacy ratios (i.e., illegitimate births per 1,000 live births) by race for the United States for selected years beginning in 1917 and extending through 1965.

Although it is clear that the ratios for blacks were consistently higher than those for whites between 1917 and 1965, the table also shows a steeper increase in illegitimacy ratios for whites than for blacks. More specifically, the black ratio in 1965 was about twice what it was in 1917, and the white ratio in 1965 was three times the 1917 figure. The population of the United States has merely doubled between 1917 and 1965, but the number of illegitimate births reported (to the National Center for Health Statistics) has increased by more than 14 times. It is emphasized, however, that in Table 1, 1940 is the first year shown in which the numerator used in computing illegitimacy ratios is assumed to be fairly accurate. Between 1940 and 1965, the per cent increase in illegitimacy ratios for whites was greater than that for blacks: 103 per cent as opposed to 56 per cent. However, according to Clague and Ventura, the illegitimacy ratio has several weaknesses as an analytical tool.[1] "Illegitimate births (the numerator) are affected by the size of the unmarried female population and the rate of illegitimacy (number of illegitimate births per 1,000 single women aged 15–44). The denominator (total number of live births) is primarily influenced by the factors that affect marital fertility, including changes

TABLE I. ESTIMATED NUMBER OF ILLEGITIMATE BIRTHS AND RATIO OF ILLEGITIMATE BIRTHS TO TOTAL BIRTHS BY COLOR, UNITED STATES

Year	*Number of Illegitimate Births*		*Illegitimacy Ratios per 1,000 Live Births*	
	White	*Nonwhite*	*White*	*Nonwhite*
1965	123,700	167,500	39.6	263.2
1964	114,300	161,300	33.9	245.0
1963	104,600	154,900	30.4	235.5
1962	94,700	150,400	27.0	227.8
1960	82,500	141,800	22.9	215.8
1955	64,200	119,200	18.6	202.4
1950	53,500	88,100	17.5	179.6
1945	56,400	60,900	23.6	179.3
1940	40,300	49,200	19.5	168.3
1937	32,231	42,707	20.1	163.9
1930	29,490	34,077	18.6	141.1
1923	18,139	16,901	14.4	126.2
1920	15,170	12,579	15.0	125.0
1918	12,000	7,906	12.5	113.8
1917	12,238	8,226	13.0	120.1

Source: For years between 1917 and 1937, Vital Statistics of U.S., Part I, 1937, U.S. Government Printing Office, p. 7; for years between 1940 and 1965, Clague and Ventura.[1] Figures for 1955 through 1965 are based on a 50 per cent sample.

in spacing and completed family size and the proportion of women who are married. If this changes, the ratio will change, even if the numerator remains the same." Berkov, however, in discussing the denominator used in computing illegitimacy ratios, notes that it "is a function of the number of women of childbearing age, the proportion of women married, and the level of legitimate as well as illegitimate fertility."[2] Berkov's description of factors affecting the total live births (denominator) is more complete and in the discussion of racial differences it reminds us that legitimate as well as illegitimate fertility among blacks is higher than it is for whites. (For a discussion of fertility see Reynolds Farley and for a discussion of marital stability by color in the United States, see Glick, both in this volume.)

Berkov is in agreement with Clague and Ventura that the illegitimacy rate, which takes the number of unmarried women of childbearing age as the denominator, is a more valuable index of change in measuring trends in the illegitimacy problem because it is apparently free of the weakness brought on by using a denominator that is influenced by marital fertility, proportion of women married and number of women of childbearing age. Many students of illegitimacy tend to agree that *rates* are more important in analyzing changes in scope of the problem and in assessing factors (often mistakenly labeled as causes) related to illegitimacy such as age, color, residence and social class. These students also agree that *ratios* are more useful in the planning of amount and type of services for illegitimate babies among services provided for the newborn. This is an important function inasmuch as the mortality rates and other health and social indices show illegitimate infants and their mothers to be in greater need of health and social services. However, certain assumptions are questionable in the use of estimated rates: (1) that the establishment of legitimacy is adequate and comparable among states, (2) that the illegitimacy rates for states not reporting illegitimacy are the same as those for its region, and (3) that no illegitimate births are attributable to married or separated women. This last assumption is probably the most questionable because although some known and counted illegitimate births to separated and married women are included in the numerator, the married or separated mothers of such children are not included in the denominator in the computation of rates.

Beginning in the late 1940's, the Report of The National Office of Vital Statistics began to mention illegitimacy rates and state the disadvantages in using illegitimacy ratios. For example, in the 1949 Report the following statement appears: "While the trend in the number of out-of-wedlock births is of considerable value, for many analytical purposes rates per 1,000 unmarried women, aged 15–44 years form a better basis for measuring change in the illegitimate birth problem." It is stated that the ratio is inferior because it does not take into consideration the number of unmarried women in the population; thus the ratio (which uses total live births as a denominator) could increase and indicate a growing problem, whereas, in reality, the increase may be primarily the result of a decreasing number of live births to married women or to a growing population of young (15–19 years) unmarried women. Rates, it is stated, correct this problem because they are based on the number of unmarried women in the population. In a relevant footnote, the 1949 Report proceeds to further justify the attention to rates: "It is believed that only a relatively small number of births *recorded* (italics ours) as illegitimate occur to married women. These are cases in which it is known that the father of the child is not the husband of the mother." Recent federal reports continue to make the claim that only a few married women have illegitimate babies.

With these assumptions, then, the National Office of Vital Statistics

TABLE 2. ESTIMATED ILLEGITIMACY RATES BY COLOR, UNITED STATES

Race	*1940*	*1950*	*1960**	*1964**	*1965**
White	3.6	6.1	9.2	11.0	11.6
Nonwhite	35.6	71.2	98.3	97.2	97.6
Total	7.1	14.1	21.6	23.0	23.5

Source: Clague and Ventura,[1] Table 58.2.

* Based on 50 per cent sample of births. Rates computed by relating births, regardless of age of mother, to women 15–44 years of age.

began publishing estimates of the illegitimacy rate—estimated because of the need to rely on population estimates by age, sex, color and marital status, and also because estimates were made for those states that did not gather data on illegitimacy. Table 2 presents the estimated number of illegitimate births per 1,000 unmarried women age 15–44 (rate) by color for selected years between 1940 and 1965.

Over the 25-year period between 1940 and 1965 (Table 2), the data show that although the nonwhite rate was invariably many times that for whites (8.5 times greater in 1965), the percentage increase over this span was greater for whites (slightly over three times as great) than for nonwhites (slightly under three times as great). More precisely, for the whites, the percentage increases over successive 10-year periods between 1940 and 1960 were 70 per cent and 55 per cent, whereas for the blacks over these periods the increases were 100 per cent and 38 per cent. Between 1959 and 1965 (according to Clague and Ventura), the rate for white unmarried women has increased 26 per cent; for nonwhite unmarried women it has decreased three per cent. With respect to racial differences, apparently a leveling-off process started about 1950, and may intensify more in the future because for 1964 and 1965, the nonwhite illegitimacy rates (estimates) have begun to decline while white rates are climbing. It is important to emphasize that, since 1950, the color differential in the illegitimacy ratio has also been diminishing. (According to Berkov and Clague and Ventura the more rapid increase in the total illegitimacy ratio as compared to the total illegitimacy rate between 1960 and 1965 reflects the fact that rates of legitimate births and the relative contribution of legitimate births to total births have been falling.)

BOSTON STATISTICS ON ILLEGITIMACY

As mentioned earlier, Massachusetts is one of the 16 states that do not gather data on illegitimacy. (The others are Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Maryland, Montana, Nebraska, New Hampshire, New Mexico, New York, Oklahoma and Vermont.) National statistics are based on the 34 reporting states, the District of Columbia, and estimates for the nonreporting states based on regional averages. As risky as the procedure is for students of illegitimacy, it is considered to be better than nothing. It is certainly better than the problem of obtaining demographic data for the cities, many of which are unable to collect systematic data on illegitimacy and so cannot even compute illegitimacy ratios. Even less frequently can illegitimacy rates be computed for cities because population estimates by age, sex, color and marital status in recent years have not been provided for cities. This, of course, also applies to Boston. When an attempt was made to derive such population estimates from standard metropolitan statistical areas, the errors were too great and the effort to obtain estimated illegitimacy rates was abandoned. Now, at a time of increasingly pressing urban problems—an outgrowth of the Negro Revolution, migration of blacks to and whites from the cities and of the poverty of cities—the need is great for demographic trend data in cities, including data on illegitimacy (not because of the moral or legal characteristics of the mothers and children involved, but because the mortality and morbidity rates as well as other indices suggest that mothers and children involved in "illegitimacy" are in grave difficulties).

In view of the great need for data on cities then, it was felt that it might be useful if data on illegitimacy were collected for the City of Boston.

Beginning in 1964, the authors began to review all birth certificates and to collect data on illegitimacy in Boston. Such data were collected until all certificates of births (a total of 93,989) taking place in Boston between January, 1962, and December, 1965, had been reviewed and all presumptively illegitimate births in Boston identified. This was done because it was felt that such data would allow the assessment of short-term trends in Boston, as well as the comparison of such trends with national trends. Moreover, Lundberg and Lenroot of the Children's Bureau made a similar study of illegitimate births in Boston for the year 1914 (published in 1921), thus offering the opportunity to contrast the extent of the problem in Boston for two points in time approximately 50 years apart.

Table 3 presents the trends in illegitimacy ratios for Boston and the United States between 1962 and 1965. The table shows a steady in-

TABLE 3. ILLEGITIMACY RATIOS FOR ALL BIRTHS IN BOSTON AND THE UNITED STATES

Year	*Illegitimate Births in Boston*	*Total Births in Boston*	*Boston Illegitimacy Ratio*	*United States Illegitimacy Ratio*
1962	1,790	24,493	73	58.8
1963	1,861	24,116	77	63.3
1964	2,158	23,898	90	68.5
1965	2,290	21,482	107	77.4

TABLE 4. ILLEGITIMACY RATIOS BY COLOR FOR BIRTHS IN BOSTON, 1964

	Number of Illegitimate Births	*Total Live Births*	*Illegitimacy Ratio*
Total	2,156	23,898	90.2
White	1,451	20,794	69.8
Nonwhite	699	3,104	225.2

TABLE 5. ILLEGITIMACY RATIOS FOR ALL BIRTHS IN BOSTON AND FOR BOSTON RESIDENTS ONLY

Year	*Illegitimacy Ratio for all Births in Boston*	*Illegitimacy Ratio for Births to Boston Residents*
1962	73	68
1963	77	67
1964	90	83
1965	107	94

TABLE 6. ILLEGITIMACY RATIOS OF BIRTHS IN BOSTON BY RACE, 1914 AND 1964

	Illegitimate Births	*Total Number of Live Births*	*Illegitimacy Ratios per 1,000 Live Births*
White			
1914	794	19,087	42
1964	1,451	20,794	69.8
Negro			
1914	52	356	146
1964	681	2,878	237

Source of 1914 data: Lundberg and Lenroot,[4] p. 107. One illegitimate birth was to "other than" white or Negro. Figures for 1914 include 752 births presumed to be illegitimate and 95 births presumed to be legitimate but later found to be illegitimate via a check with death certificates and with the records of agencies. This procedure was not followed by the authors with respect to the recent data, thus the 1964 illegitimate ratios may be viewed as underreporting the extent of illegitimacy.

crease in the illegitimacy ratios for Boston in recent years, as was the case for the nation. The Boston ratios are substantially greater than are those for the nation in each year; this is probably because of the well-known fact that many suburban and nonmetropolitan women in Massachusetts have their illegitimate babies in Boston. For Boston, and for the United States as well, the number of illegitimate babies born has increased each year between 1962 and 1965, and the total number of live births has decreased primarily because of a decline in marital fertility. (However, in part because the number of unmarried women has been increasing, the illegitimacy rate for the United States has remained fairly stable.)

Because of the great difficulties involved in obtaining data, the authors were able to obtain illegitimacy ratios by color for only one of these four years: 1964. The illegitimacy ratios by color for 1964 are presented in Table 4.

Comparing the data in Table 4 with the 1964 data in Table 1, it is interesting to note that the Boston illegitimacy ratio for white women is greater than the ratio for the United States as a whole, and the ratio for nonwhite women is smaller than the national nonwhite illegitimacy ratio. The ratios for Boston white women are undoubtedly inflated by the large number of white nonresident women who come to Boston to have their illegitimate babies away from home and take advantage of the specialized services available in Boston. That this is a rather stable phenomenon with respect to Boston receives some support from a comparison of illegitimacy ratios for Boston residents as compared with such ratios for all illegitimate births in Boston (see Table 5).

Table 5 shows that the illegitimacy ratios are somewhat lower for Boston residents than for all births in Boston. Even so, the ratios for Boston residents are still higher than they are for the nation. In general, metropolitan areas have substantially higher illegitimacy ratios than do nonmetropolitan areas of the United States. However, if Boston is representative of the larger northern cities, then it is in these cities rather than in metropolitan areas where illegitimate births are concentrated.

Boston Illegitimacy Ratios in 1914 and 1964

In 1921, Emma Lundberg and Katherine Lenroot, under the auspices of the United States Children's Bureau, undertook an extensive study of the scope of illegitimacy in Boston during the year

1914. Similar to the procedures used in the present Boston study, Lundberg and Lenroot based their decision on the child's legitimacy or illegitimacy on the information under the space "father's name" on the child's birth certificate. (Berkov's method of inferring illegitimacy in California is essentially the same as the method employed in the two Boston studies being discussed.) As noted earlier, the Lundberg-Lenroot study afforded an opportunity to compare the data on Boston illegitimacy ratios by race for 1914 and 1964. Table 6 presents these data.

In brief, Lundberg and Lenroot found that the Negro illegitimacy ratio for Boston in 1914 was three and a half times the white illegitimacy ratio; similar data over 50 years later (in 1964) also shows the Negro illegitimacy ratio in Boston to be three and a half times that of white women. This fact is a dramatic example of the community's failure or inability to act earlier on the problems surrounding illegitimate Negro children; Lundberg and Lenroot also established the fact that infant mortality was highest among the illegitimate children of the poor (and the nonwhite). Recent punitive legislative proposals in Boston, apparently directed primarily against unwed mothers has followed upon unfavorable publicity concerning the growing number of unwed mothers in Boston; by implication and innuendo most of these are thought to be recent Negro migrants. The data presented here, however, suggest that Boston has had a disproportionate number of Negro illegitimate children for a good many years and the entire problem cannot properly be placed on the migrants. It is true, however, that although the Negro population constituted over ten per cent of Boston's population in 1964, it was less than two per cent of the Boston population in 1914. This, however, only suggests that Boston could have undertaken to study and, perhaps, to deal with this problem a good many years ago.

With respect to percentage increase over the period between 1914 and 1964, little difference is seen between the racial groups for Boston. Percentage increase for whites has been 67 per cent and for blacks it has been 62 per cent.

In spite of the more favorable national picture for nonwhites when per cent increase with respect to illegitimacy rates and ratios is analyzed, it is a fact that both the national and Boston data on illegitimacy show very substantial differences, with the nonwhites having the higher ratios—and rates, too. Although the causes of this difference, both historical and contemporary, merit careful study and discussion, the authors will not delve into this matter because it has been dealt with elsewhere[3] and the paper by Liebow, in this volume, also touches on this area. Instead, the inadequacy of the available statistics will be discussed. The authors' own research and review of the relevant research of others lead to serious questions about the validity of illegitimacy rates and ratios alike for the United States as a whole as well as, of course, those in many individual states. The matter of validity, perhaps, can best be considered by focusing on the factors of color and marital status.

CONCEALMENT BY COLOR AND MARITAL STATUS IN ILLEGITIMACY STATISTICS

A number of writers have indicated that concealment of illegitimate births is much more frequent among white women than Negro women. More than 50 years ago, Lundberg and Lenroot, commenting upon the data collected in their extensive study of presumptive illegitimacy in Boston—based on birth certificates—indicated the evidence of a more widespread concealment of illegitimate births among white as opposed to Negro women.[4] They did not, however, provide any data on this issue. More recently, Elizabeth Herzog, commenting on national statistics, has alluded to "differences in reporting" of and by white and nonwhite women with respect to illegitimate births.[5] Berkov states, "Less information is available about illegitimate than about total births and it is assumed that concealment of illegitimacy is more frequent for white than for Negro women." [6] Berkov, like Herzog, presents no data on concealed illegitimate births by color; understandably, because no one has ever suggested that such data could be collected.

With respect to the bias by marital status in national reports of illegitimacy rates, a study by Clark Vincent in California showed conclusively that more than an insignificant number of married women had illegitimate babies.[7] The fact that the study took place in one county in California—one of the states that does not report illegitimacy data—does not detract from its importance. In Vincent's own words:

> A questionnaire was sent to all surgeons, obstetricians, gynecologists, general practitioners and osteopaths listed in the 1952 medical directory of Alameda County, California. The questionnaire requested data on the mothers of all babies born out of wedlock which the doctors had delivered

> during 1952 in private practice (i.e., not delivered in a county hospital, clinic or public institution). Of the 576 questionnaires mailed, 409 or 71 per cent were returned. Of the 409 doctors who responded, 31.8 per cent had delivered in private practice during 1952 a total of 252 babies born out of wedlock.
>
> These 252 cases of illegitimate births were further divided into three categories: (a) 171 unwed mothers who had never been married, (b) 51 mothers who were divorced or separated from their husbands, and (c) 30 mothers who were married but the baby was fathered by a man other than the mother's legal husband. The data being reported concern 137 unwed mothers of category "a" for whom data were reported by the doctors. Of these 137 unwed mothers, 83.9 per cent were white, 13.1 per cent Negro, 2.2 per cent Oriental, and for 0.7 per cent no data were given.

Thus, although Vincent did not comment at all upon the fact that 32 per cent of his 252 cases of illegitimate births were to married, separated or divorced women, his data perform a great service. Indeed, if the proportion of divorced women is substantially less than the proportion of separated women—as was found in a British study to be discussed below—then it is not farfetched to assume that at least one-quarter of the women who gave birth to illegitimate children in Vincent's Alameda County study were legally married. Inasmuch as California, like Massachusetts and other states, does not inquire into the legal status of the birth of a child, a married woman may be less inclined to conceal the birth of an illegitimate child from her physician than is the case of women in states that make such inquiries. But whether married women in other states do or do not conceal illegitimate pregnancies, the evidence from Vincent's study is that a great many married women do have illegitimate babies. What is surprising is that years after Vincent's study many researchers are still content to present illegitimacy rates and to claim that such rates, which divide all illegitimate births by the number of unmarried child-bearing women, are useful in assessing the causes of illegitimacy.

A further bit of inferential evidence that a great many married white women do conceal illegitimate pregnancies, perhaps with the help of private physicians and officials, comes from pairing Vincent's study of Alameda County (for 1952) with Berkov's study of Alameda County (for a brief period in 1966). Vincent, it is recalled, found that of the 137 women in his study who were not married, separated or divorced and on whom he had data, 84 per cent were white, 13 per cent were Negro, two per cent were Oriental and less than one per cent were of unknown racial origin. Interestingly enough, Vincent provided no data on race—or anything else—for the married, separated or divorced women in his study of women who gave birth in private practice; i.e., secretly. However, one can probably assume that the married, separated or divorced women divide along racial lines in about the same way as did the never-married women who were delivered in private practice. (It is also sociologically and otherwise relevant that Vincent's single mothers of illegitimate babies were found to be predominantly middle or upper class on the factors of education and occupation. However, it is beyond the scope of the present paper to delve into the social class distribution of mothers of illegitimate babies.) By contrast, Berkov, in her study of birth certificates in Alameda County—a part of a larger study of illegitimacy in California—found that more Negro than white presumptively illegitimate births occurred in the county during her sample period. More specifically, Berkov found that of 97 illegitimate births in Alameda County during a one-week period, 57 were Negro and 39 were white. Were the illegitimate births found by Vincent adjusted for nonreporting physicians and applied to the figures presented by Berkov for 1966, they might substantially reduce the racial difference between the illegitimacy ratios presented by Vincent and by Berkov for Alameda County.

Indeed, although Berkov intended to be as precise as possible in avoiding the counting of legitimate births as illegitimate for California as a whole, she indicates a lack of concern for counting illegitimate births to separated (married) women. In a sentence pregnant with meaning she comments on the high Negro illegitimacy rates: "It is possible that the Negro illegitimate rate has been overstated because more of the Negro than white illegitimate births are likely to be births to separated women who are not included in the denominator of the rate."[8] A short time later, she states, "If rates of illegitimate births (in California) are recalculated to include *separated women* (italics ours) among those at risk of bearing an illegitimate child, the rate of Negro illegitimate births drops by about one-fourth, but the rate of Negro legitimate births increases correspondingly."[9] Based on the California studies of Vincent and Berkov it is clear that the illegitimacy ratios and rates alike being published in this country are highly questionable. It seems that it is time for researchers to attempt to assess the rate of illegitimate births to married (i.e., married or separated) women as well as to unmarried women.

Other recent studies also question the bland assertion that an insignificant number of married women have illegitimate births. Thus Illsley and Gill, commenting upon their data on illegitimacy in Scotland, including an analysis of illegitimacy in Aberdeen for the years between 1949 and 1952, state: "In general the rate would be an appropriate measure of the incidence of illegitimacy if all illegitimate births occurred to unmarried women—the greater the proportion occuring to married, widowed and divorced women and the greater the proportion of consensual unions (i.e., stable relationships where offspring are designated as illegitimate), the more misleading it becomes to use the number of unmarried women as the denominator." [10] Indeed, referring to Thompson's data, derived from municipal and hospital registrations, Illsley and Gill note that 31 per cent of the women involved in illegitimate births to residents of Aberdeen during 1949–1952 were married, widowed or divorced. More specifically, they report that 23 per cent of the women giving birth to illegitimate babies were in the married category and eight per cent were widowed or divorced.[11] For the more recent years, 1958 and 1966, Illsley and Gill report that 50 per cent and 28 per cent, respectively, of all illegitimate births of women resident and confined in Aberdeen were to women "ever married" or engaged in consensual unions. These authors state that the decline is the result of the increase in illegitimate births to young single women during this period. Most important is the fact that Illsley and Gill question the practice of including children born to women in stable consensual unions as illegitimate. This practice also causes inflation of illegitimacy ratios and rates.

A study that apparently uncovered a fairly large number of concealed illegitimate births (in 1962) to married women in Boston, was reported on by Teele and his associates.[12] The study involved the comparison of the names and addresses of 1,335 presumptively unwed mothers (derived from a study of Boston birth certificates covering a nine-month period in 1962) with a list of names and addresses of 1,149 unwed mothers who were reported by social agencies as clients accepted for service during the study period in 1962 because of their "out-of-wedlock pregnancy." [13] Of the 1,149 women who received social services, no Boston birth certificate was found for 411 among the presumptively out-of-wedlock births and were excluded from the 1967 report by Teele and his associates. Policies of the social agencies on confidentiality of records at the time of the study precluded a review of the 411 records by the present authors. The United Community Services, however, supplied the following numerical data:

(1)	Birth occurred out of Boston	117
(2)	Birth occurred in Boston to a divorced or separated woman. (The birth certificate was apparently that of a normal family with the same name given for mother, father and child even though the social service agencies involved knew the child was illegitimate.)	237
	Total	354

Of the remaining 57 women in the United Community Services study that were not found by the authors, 30 may have involved cases of fetal death, leaving only 27 unaccounted for. The inquiries about the 411 mothers for whom no birth certificate were found takes on great significance in the present discussion, for the results indicate that a great many married women have illegitimate births that are counted as legitimate. Paradoxically, it seems that the states that do not assess the legitimacy of birth (e.g., California) provide the best possibilities for studying illegitimate births among married and unmarried women because these states encourage researchers both to study birth certificates and to include private physicians, social agencies and other sources of information on illegitimacy.

The other side of the coin—and also of concern in the use of rates of illegitimacy, which rely on the number of unmarried females aged 15–44—is the extent to which babies delivered of married women are registered as illegitimate. The National Center for Health Statistics has never presented any data on this matter, apparently because the individual states do not present such data. Even if states did accumulate such data it would present a complicated task for analysts because, as noted earlier, the states ask different questions apropos of the child's legitimacy. Thus, some of the states ask only if the mother has ever been married, and if the answer is affirmative the child is counted as legitimate. In other states the mother is asked if she is married to the father of the child. In numerous other states, including the larger industrial states, e.g., Massachusetts and New York, the mother is not asked if she is married and the legitimacy of the child is not determined, a procedure that makes enumeration of illegitimate children delivered of married women impossible without careful study of birth certificates as in the Boston study.

The Boston study, even though—or because—Massachusetts did not record legitimacy status, did permit some data to be gathered on unconcealed illegitimacy among "ever married" women. Curiously, among the 1,335 birth certificates for the first nine months in 1962, were 116 mothers of illegitimate children whose (present) names at the time of the child's birth were different from their maiden names. Because Massachusetts did not gather data on illegitimacy, the authors presumed an illegitimate birth if no entry was made for the item "father's name" or the father's name did not correspond to either that of the mother or of the infant. In such cases, then, if the mother has a name different from her maiden name, logic would have it that she was either a married, divorced, separated or widowed woman giving birth to an illegitimate child. Presuming this to be the case, almost one-tenth (nine per cent) of the illegitimate babies born in Boston during the period of intensive study were to married or "ever married" women who did not conceal the fact that they gave birth to illegitimate babies. Interestingly enough, although Negroes account for 31 per cent of all illegitimate births in Boston for the year 1962, only 26 per cent of the 116 unconcealed illegitimate births to married women are to Negro women. Outside of Boston, in other parts of Massachusetts, where few Negroes reside, it is safe to assume that nearly all illegitimate births to married women are to white women.

Considering both the apparently concealed and the apparently unconcealed illegitimate births to married women in Boston during the first nine months of 1962, the following may be derived:

(a) Illegitimate births in Boston

1335	illegitimate births (including 116 to "ever married" women) from birth certificates;
237	additional illegitimate births located through the social agencies' own research as occurring to separated or divorced women.
1572	new total number of illegitimate births

(b) Illegitimate births to "ever married" women in Boston

116	unconcealed illegitimate births;
237	concealed illegitimate births.
353	illegitimate births to married women.

These data indicate that at least 22.5 per cent of all illegitimate births in Boston during the study period were to married, separated, divorced or widowed women. This figure is not too dissimilar from the 32 per cent obtained for the proportion of illegitimate births to "ever married" women in Vincent's 1952 study group in Alameda County, especially when it is considered that the study by Vincent was designed to find "secret" illegitimate births and utilized a canvas of all categories of attending physicians. If births to women in stable consensual unions were counted as illegitimate births to married women (as Illsley and Gill seem to propose) then a larger proportion of illegitimate births would be counted as illegitimate births to married women.

Although it has continued, in recent years, to place emphasis on the use of illegitimacy rates—a procedure based on the number of unmarried females of childbearing age—the National Center for Health Statistics has made no apparent effort to assess and to publish figures on registered or estimated illegitimate births by married women. Instead, it continues to assert that illegitimacy among married women is insignificant. The methods used amount to the concealment of illegitimate babies born to married women. Apparently the Office has no great interest in correcting the impression that national illegitimacy rates are fairly accurate. It is likely, however, that if data on both types of concealment were obtained or estimated (i.e., illegitimate babies born to married women who conceal them from officials and illegitimate babies born to married women who go unreported to or by the Office) and if offspring of stable consensual unions were not attributed to unmarried women, that the incidence of illegitimacy among those "ever married" would be almost as great as the incidence of illegitimacy among "never married" women. Such an accounting might tell more about both the causes of illegitimacy and the amount and type of services needed than do present methods. Moreover, the practice of supposing that only the children of "unmarried mothers" needed attention might undergo reappraisal. Indeed, inasmuch as the attention given "unmarried mothers" and their children is often punitive on the grounds that their children are illegitimate and the mothers are immoral, a sobering of legislative and social attitudes might result from a shift in focus to include the illegitimate children of the married and especially of the married, "respectable" part of the population. White women and married women who conceal illegitimate births are evidently more than just a few; therefore, it is reasonable to assume that the inclusion of these women and their babies in the computation of illegitimacy rates and ratios would substantially correct the notion that illegitimate babies are born only to the unmarried and the black. For in a very real sense the unmarried and the black are invariably subjected to the other side of the "coin of concealment;" i.e., the glare of publicity.

SUMMARY

This paper has presented some data on trends in illegitimacy rates and ratios by color and race for the United States and for selected local areas. For the United States as a whole the published data show that the extent of illegitimate births has been and still was, in 1965, far greater for blacks than for whites. Nevertheless, a leveling-off process has been taking place in the 1960's for blacks while rates and ratios for whites appear to be increasing. In Boston, illegitimacy rates could not be estimated because of the lack of population estimates by sex, age, color and marital status. However, illegitimacy ratios were computed and, overall, were higher than those for the United States between 1962 and 1965. When the Boston ratios were computed by color, the result was that the illegitimacy ratio for whites was higher than the national figure for whites; that for nonwhites was lower than the national illegitimacy ratio for nonwhites.

The question of the validity of ratios and rates alike was considered, using the findings from several local-area studies in the United States and Scotland. Essentially, it was found that the apparently more useful statistic—illegitimacy rate—was inappropriate because it assumes that all illegitimate births are to unmarried women. Specifically, it was noted that a number of researchers have stated or found a substantial number of illegitimate births among married women, both concealed and not apparently concealed. It was also noted that, because of administrative decisions and concealment practices, the number of illegitimate births is likely to be overestimated among blacks, a fact that inflates both the illegitimacy ratio and rate for blacks.

Present methods for obtaining illegitimacy ratios and rates leave much to be desired because of the lack of uniformity among reporting states, the lack of data from nonreporting states, the inclusion of children of consensual marriages as illegitimate, the exclusion of many illegitimate births to married women that are concealed, the exclusion of married women having illegitimate babies from the denominator on which rates are based and the failure to take proper count of unconcealed illegitimate births to married women. If illegitimacy is worth being studied at all, it should be studied thoroughly. If it is to be studied, students in the area will have to deal with some of the neglected issues and questions raised in this paper. By doing so they may even alleviate the present negative publicity being focused on the unmarried and the black. Moreover, it is emphasized that the care of children should be of first concern, and not whether a child is legitimate or illegitimate. Indeed, in view of the temptation that many people apparently have to punish unwed mothers and illegitimate children,[14] the time has come for society to think seriously about eliminating both labeling children as illegitimate and brutalizing their mothers.

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DISCUSSION

Mr. Arthur A. Campbell: This very informative paper emphasizes two basic problems in the study of illegitimacy: (1) the extent to which illegitimacy is concealed in different groups, and (2) the marital status of the mothers of illegitimate children.

Concerning marital status, the authors are quite correct in pointing out that it is possible for a married woman to admit having had an illegitimate birth in many reporting areas.

As of 1969, 31 states, the District of Columbia and the Virgin Islands, asked simply whether the child was legitimate or not. Seven states and Puerto Rico asked only whether the mother was married; Delaware and Virginia asked whether the mother was married to the father of this child.

Unfortunately, it is not possible in any of the states, with the existing records, to compare the mother's marital status with the legitimacy status of the child. It would require some difficult and sensitive social research to obtain the information we need to answer some of the questions that the authors of this paper have raised. However, I agree with them that high priority should be given to such research. Certainly, this would be important if the proportions of reported illegitimate births occurring to married women were as high as they were in the examples given by the authors in Alameda County and Aberdeen.

Comparisons of legitimacy status and marital status would be of great help in interpreting illegitimacy rates specific for age. We find that the illegitimacy rates per 1,000 unmarried women increase with age to a peak at ages 25 to 29.

In 1967, for example, the rate rose from 18.6 at ages 15 to 19 to a peak of 41.4 at ages 25 to 29. This pattern results from dividing decreasing numerators (numbers of illegitimate births) by denominators that decline even more rapidly (numbers of unmarried women).

If it is true that the denominator should also include a number of married or separated women, whose numbers would rise with age, this could account for the unusual age pattern of illegitimacy rates that we obtain with existing definitions. It seems possible that the number of women exposed to the risk of bearing an illegitimate child declines with age no more rapidly than the number of illegitimate children.

The issue of concealment is separate, but related. In my own mind it is a more important issue than that of marital status. But in any case, it requires the same kind of sensitive and probing research. One place in which to begin such research is the reporting system used in the hospitals. How is the information obtained for the birth certificate? Is the information on legitimacy status requested of the mother, or is it assumed on the basis of her apparent circumstances? Are efforts made to conceal the occurrence of illegitimate births to certain kinds of patients? I am sure that if we were to investigate some of these questions we would find a great variety of practices among different hospitals.

As the authors state, we do not know at the present time what the data on illegitimacy in the United States reflect. The recorded numbers are rising rapidly, in part because of increases in the number of single women. The ratios of illegitimate to total births are going up even more rapidly because of declines in marital fertility.

However, the rate for the United States has remained relatively stable around 23 to 24 per 1,000 during the period of 1963–1967, and it is difficult to interpret this stability when we do not know whether the denominator is entirely appropriate for the numerator, or what the trends in concealment have been.

Given these limitations, I am not entirely sure what the following trends mean, but I cite them simply because I think they are relevant to the present situation. Between 1965 and 1967, the latest year for which data are available, the number of illegitimate births per thousand unmarried women, 15 to 44 years of age, increased by eight per cent among white women, but declined by eight per cent among Negro and other women.

Dr. Ryder: It seems to me, in looking at the illegitimacy literature, that there is a sort of a conservative and a liberal orientation to the event. The conservative looks at these illegitimacy data and sees them as evidence of sin. I think the liberal looks at these data and says something like, "Oh, those poor unfortunate children that are being produced in such a way!"

But it seems to me that the kind of research we need to do on the phenomena like this hasn't even begun, because illegitimacy is one outcome of a long chain of events, or choice points that are made, all of which have to be taken into consideration in viewing the whole process.

It seems to me the first choice point is whether a woman not presently with a husband is going to have intercourse or not.

The second choice is whether or not that intercourse is going to be protected adequately from the risk of conception.

Once the conception occurs, the choices become rather varied, one of the possibilities is to have an abortion. A second possibility is to arrange a marriage—pretty promptly—to make it a premarital conception, and a third possible choice is to have an illegitimate child.

Until you compare abortion rates and premarital conception rates and illegitimacy rates as part of the same package (and all such data are poor), you are really not in a position to make any inferences with regard to what I think is in most people's minds when they look at the complex process as simple evidence about illegitimacy.

Furthermore, the illegitimacy classification seems to be a rather blunt instrument for tackling a problem perhaps a little more in line with Malinowski's approach, and that is that the problem, when the child comes into the world, is: Is that child going to have a male and a female parent, and at what point in time?

The choice to be made by a considerable part of our population is whether the man who happens to inseminate the woman is the best choice for the father of the child to be produced as a consequence.

That may not be a particularly sensible way of choosing a sociologic father for the child, even though he may be biologically competent. Perhaps the woman with an illegitimate child is a woman who is making a rather different choice. She may say, "I know who inseminated me, but let's leave that aside. I want a person who will provide me with a stable home life and one who will provide my children with the kind of father I think they need. Let's wait a while and I'll see if I can find such a person."

It seems to me from my reading of the data that the vast majority of women who have an illegitimate child eventually acquire a husband, and by eventually I don't mean 15 or 20 years later; I mean within the next year or two or three years.

If we look at illegitimacy from that standpoint, we simply have a problem of timing in distinguishing illegitimates from premarital conceptions. In premarital conception the marriage occurs very soon, while the mothers of illegitimates may be showing a little more wisdom by waiting a while, rather than getting propelled into marriage.

Dr. Hauser: I think Dr. Ryder has touched upon the same kind of thing I want to get at, but I might state it in other terms. I think we are in a realm, here, where we who are demographers and statisticians are using inherited and probably inapplicable conceptual frameworks to get at the things we are trying to reach.

I think it is important to remember that the standards we employ are based on our own categories of marriage and legitimate and illegitimate births. According to our standards half of the population in Latin America is illegitimate, and all of the population with whom I lived for two years in Burma is illegitimate, and I'm not sure what that means.

I think it is intriguing to see the rather moralistic overtones that emerged with Dr. Teele's presentation for a perfectly understandable reason. He is trying to point out that unmarried white women are as immoral as unmarried black women, and I think the idea of morality should not be applied to either situation.

I think that what we have here is equivalent to what Gunnar Myrdal has called attention to recently in his three volumes, THE ASIAN DRAMA; i.e., the inapplicability of the labor force idea for the measurement of the work force in the developing regions of the world.

I think we have the same kind of situation here. Without further elaboration, I endorse heartily what Dr. Ryder has just said, but with this specific twist, that I think what we need here is the development of a framework for studying living arrangements, in households and otherwise, to get away from our inherited particular forms of marital categories, and their consequences in terms of legitimate and illegitimate births with which we work. For example, I think equally applicable both to the white and black societies in the United States is an idea that is used in the Jamaica census, and that is "visiting relationship."

We know that illegitimate babies in the U.S. experience relatively high mortality. The implication, I think, is that illegitimacy produces high infant mortality, and I think that this is utter nonsense. What produces high infant mortality is the socioeconomic status of these people of which "illegitimacy" as we define it is one index. What produces high infant mortality are inadequate biologic and social milieux in which the child is reared.

If we had some tabulations not by whether or not a marriage ceremony took place, civil or legal as the case may be, but by the kind of social and economic milieux in which the child is surrounded, then we would have more significant data, from an epidemiologic point of view.

The tragedy is that even if these people were married and had essentially the same income and so forth, they would still have higher infant mortality. We put the cart before the horse.

Similarly, some of the implications in the report of Pat Moynihan, who was acting in good faith, I can assure you, are unwarranted. For instance there is the implication that a child that doesn't have a father and a mother present necessarily has a distorted personality of some type. We don't know that! Possibly the three mothers mentioned by Dr. Thompson are the best invention that has ever been made; and a lot of us whites would have profited greatly if we had had three mothers and gotten rid of some of those we did have.

Similarly, from the standpoint of the role of the male. There is no other realm, I would say, in demography and statistics that is as ethnocentric, and as handicapped by inadequate notions as is this area of the family and marriage.

I would hope that the Census Bureau and those of us who can do surveys will be able to work out new patterns of living arrangements, and in terms of how the life space of the elders and the youngsters are actually deployed.

Dr. Thompson: I discovered in a study that I have just finished, that we also have illegitimate mothers, not just illegitimate children. We actually have the illegitimate family over generations, in which the mother has illegitimate children who then give birth to illegitimate children. In looking at the total family we found this was a way of life, that once illegitimacy is started it is difficult to stop. But it is not characteristic of all lower-class families. We found lower low-class families who never had illegitimate children. It was not the social class as such, but a kind of a subculture within the community that seemed to be involved.

If we would focus on the illegitimate mother rather than on the children exclusively, perhaps we would discover something in the socioeconomic environment that gives rise to illegitimate families.

As Dr. Beasley will agree, some of the families that he studied in New Orleans were the families that I studied in this area. Among some of them it was to the advantage of the mother to have illegitimate babies. Therefore, I wish we could have a study on the subculture of illegitimacy, not just the illegitimate children themselves.

Dr. Driver: It seems to me that the idea of illegitimacy, whether applied to indivuduals or groups, certainly has consequences in a society, many of which are quite harmful. It seems to me that the starting point is to ascertain just what illegitimacy really *means* to those who collect the statistics. By one count, 40 per cent of the first births to married couples were conceived before marriage. Dr. Campbell has touched upon this in terms of definitions in various states.

If you ask someone whether a child is legitimate or illegitimate, he or she might find it a little difficult to reply. I suspect many would answer the question yes or no without being cognizant of its meaning.

But my point is, rather, that if one views legitimacy statistics as a kind of morality statistics, then we are quite clear that rates at a given time or over time are influenced by many factors other than the behavior that is going on. The increases from 1940 to the present may or may not be meaningful in terms of what was actually taking place in the community. So I feel that we should examine critically this whole reporting process and obtain a better measurement than the one that now exists because of variation in the way of reporting illegitimacy.

Dr. Teele: I want to say that apropos of the suggestions by Dr. Hauser and Dr. Thompson that we study the milieu of one-parent families, that my colleagues and I are in the first stages of such studies. We are trying to study the milieu of a group of families (both black and white) in which two or more women in a family had illegitimate children and lived together at some time in the last five or six years essentially giving all the children in the family an extra parent, at least for a while. We refer to such parents as "like-sexed couples." We are interested in seeing how that works out. It is a very sensitive kind of study, and we are dealing with it carefully. We want to compare this group of families with a comparable group of families in which there has not been any case of illegitimacy.

ATTITUDES TOWARD MARRIAGE AND FAMILY AMONG BLACK MALES IN TALLY'S CORNER

ELLIOT LIEBOW

A few of the streetcorner men expect to get married sooner or later. A few are married. Most of the men have tried marriage and found it wanting.

To be married is to be formally, legally married, to have a marriage certificate, to "have papers." The rights and duties conferred by marriage are clear-cut, unambiguous; they are those rights and duties set forth in the marriage vows and by the courts. Individuals may fail to exercise their rights or neglect their duties but they do not deny them.

Men and women are careful to distinguish between marriage on the one hand and "common law," "shacking up," "living with" and other consensual unions on the other. There is, of course, a large overlap. The rights and duties which attach to consensual unions are patterned after those which attach to marriage and, in practice, some consensual unions are publicly indistinguishable from marriage. There are two principal differences. First, the rights and duties of consensual unions generally have less public force behind them. The result is that an act which violates both the marital and consensual union invokes a stronger sanction in the case of marriage. A second difference is that, in consensual unions, rights and duties are less clearly defined, especially at the edges. The result is that while everyone would agree that a given act stands in violation of the marital relationship, there could be—and frequently is—widespread disagreement as to whether the same act stands in violation of a consensual union.

The right to exclusive sexual access to one's spouse, for example, is freely acknowledged to be a right which attaches to marriage. But there is no consensus on sex rights in consensual unions. Some streetcorner men feel that a partner in a consensual union has a right to demand exclusive sexual access; others deny this. Perhaps the majority feel that one has a right to expect sexual exclusiveness but not to demand it. Indeed, this may be the chief distinction between rights in marriage and rights in consensual union. In marriage, one partner has a legal right to demand some kinds of behavior and the other has a legal duty to perform them. In consensual union, this relationship is watered down; one partner may come to expect some kinds of behavior but the other does not have a legal duty to perform them.

The distinction between the demand rights of marriage and the privilege rights of the consensual union, as well as the absence of clearly defined rights in the consensual union, can be seen in the conflict between Stanton and Bernice. Shortly after they began living together, Stanton was arrested and jailed for 30 days. Upon his release, he went to their apartment where he discovered Bernice with another man. Over the next several weeks, Stanton refused to look for work. It was understood that he was "making Bernice pay" for what she had done by forcing her to "pay the rent and buy the groceries." Had Stanton and Bernice been married, some might have questioned the wisdom or efficacy or even fairness of Stanton's action but no one would have questioned his right to do this. But Stanton and Bernice were not married and there were both men and women who said that this was a "terrible" thing for Stanton to do, that maybe Bernice hadn't done the "right" thing but she had a right to do what she did because they weren't married and, because they weren't married, what she had done had not "hurt" Stanton, and even if it had, he had no right to make her "pay" for it.

A partner to a consensual union may explicitly point out the distinction between their own relationship and marriage in order to challenge the other's right or as justification for his own behavior. Thus, one woman walked away in a huff from a man who was trying to get her to accompany him with the reminder that "I'm your girl friend, not your wife." And Leroy, at a time when he had been living with Charlene for several months, conceded that his rights were compromised by the fact that they were not formally, legally married. They had had an argument which brought their relationship almost to the breaking point. Later the same day Leroy left a note for Charlene which concluded: "I have decided to let you think it over until 6 p.m. Sunday. Until then, you can go where you want to, do what you want to, because like you said, I don't have any papers on you yet."[1]

The distinction between marriage and consensual union is also carefully drawn in the labels one applies to the incumbents in the two relationships. The terms husband and wife, for example, are almost always reserved for formally married persons. Thus, Sea Cat explains that "Priscilla is my old lady. My wife lives over in Northeast." Tally explains to William that "Sara is Budder's old lady, they ain't married." When not used for contrastive purposes, however, "old man" and "old lady" and "man" and "woman" may also be used to label husband and wife. "My old man (lady)," then, may mean either "the man (woman) I am formally, legally married to," or "the man (woman) I am living with but whom I am not formally, legally married to." But "my husband (wife)" almost always means "the man (woman) I am formally, legally married to."

These labels and their usages reflect the overlapping relationship of marriage and the consensual union. The fact that "old man" and "old lady" are equally applicable in either relationship testifies to an equivalence between marriage and consensual unions; the fact that "husband" and "wife" are reserved for marriage and denied to persons in consensual union demonstrates the distinctiveness of the marriage relationship.

Thus, marriage, as compared with consensual union, is clearly the superior relationship. Marriage has higher status than consensual union and greater respectability. Not only are its rights and duties better defined and supported with greater public force but only through marriage can a man and woman lay legitimate claim to being husband and wife.

But as the man on the streetcorner looks at the reality of marriage as it is experienced day in and day out by husbands and wives, his universe tells him that marriage does not work. He knows that it did not for his own mother and father and for the parents of most of his contemporaries. He knows that Lonny strangled his wife and almost paid with his own life as well. He sees Clarence trying to keep his wife from getting at the woman she has found him with while two of their four children look on in frightened silence. He knows that Tom Tom, whose busboy job did not pay enough to support his wife and children, moved away from his family so they would become eligible for ADC. He sees Leroy and Charlene circling slowly on the sidewalk, with Charlene holding a broken Coke bottle thrust in front of her and

Leroy pawing at her with his right arm wrapped in his jacket. He sees Tonk standing on the corner where his wife works as a waitress, afraid himself to take a job because the word is going around that she is "cutting out" on him. He sees Shirley bury her face in her hands and shudder, partly perhaps because the Christmas wind has again ripped away the blanket nailed across the window but mainly because she and Richard are trying to decide whether to send the children to Junior Village or take them to the waiting room at Union Station for the night. And at two in the morning, he sees Leroy and Charlene, with Leroy holding their year-old-son in his arms, anxiously looking for someone, anyone, to take them to Children's Hospital because their sleeping baby had just been bitten on the cheek by a rat.

These are the things he sees and hears and knows of streetcorner marriage: the disenchantment, sometimes bitter, of those who were or still are married; the public and private fights between husband and wife and the sexual jealousy that rages around them; husbands who cannot feed, clothe and house their wives and children and husbands who have lost their will to do so; the terror of husband and wife who suddenly find themselves unable to ward off attacks on the health and safety of their children. Nor is there—to redeem all this even in part—a single marriage among the streetcorner men and their women which they themselves recognize as a "good" marriage.

The talk that the streetcorner man is exposed to is uniformly anti-marriage. On the corner, he hears Sea Cat proclaim that "I was married once and once was enough," and he hears a chorus of assent from the others: "I'll go along with that," they say. In the privacy of Richard's room, Richard, speaking quietly and with feeling, tells him that if his marriage to Shirley breaks up, "later for a marriage, man, I don't want to get married again."

He hears others question whether Sea Cat or Richard or any other man really wanted to get married in the first place. The men on the streetcorner ascribe marriage to a variety of precipitating incidents and circumstances which are seen as pushing the man into marriage against his will. Where coercion cannot be presumed, the men claim not to understand the motive for marriage at all. When word reached the corner that Boley was to be married that weekend, Tonk shook his head and said he didn't understand why Boley was getting married since he was already shacking up with the girl anyway. No one else admitted to understanding it, either. Along with the others, Richard believes coercion to be an important element in early marriages.

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> The average person you see at eighteen, he don't have nothing of his own and he gets out there [into the world]. And the average person you see now that gets married at eighteen, he gets married because they're gonna have a kid or something.

But the closer one looks at the individual cases, the more difficult it is to detect coercion. The contention that many men are, like Leroy, forced into marriage by premarital births or pregnancies is at best a half-truth for the men on the streetcorner, most of whom fathered one or more children before marriage by women other than those they subsequently married. It is true that the man usually feels a strong obligation to both the woman and the children she bears him and, on occasion, even an obligation to marry the woman if she's amenable to marriage. But if for any reason he is not ready to marry this woman, he does not. Like Tonk, he may take the child, give it to his own mother, and contribute to its support; like Tommy, he may remain friends with the woman and help her financially whenever he can; like William, he may simply take off for parts unknown. If, like Wesley, he feels guilty about not marrying her, it is a guilt he can live with.

> The girl [mother of Wesley's child] . . . she's ready to get married any time I say so. . . . Right now, this girl—as long as this girl's single, I'm not going to get married. I don't want to marry her and I don't want to marry nobody else until she gets married. You see, when she gets married, I figure I'm free. You see, if I get married, I'd be inclined to think me awhile. I think about it now. I say, "I should go and marry this girl." But I don't want to.

Thus, the presumption of coercion in marriage is, in part at least, a public fiction. Beneath the pose of the put-upon male, and obscured by it, is a generalized readiness to get married, a readiness based principally on the recognition of marriage as a rite through which one passes into man's estate. For the young, never-married male, to get married is to become a man.

> It was a big deal when I got married. I didn't have to get married. We didn't have no children or nothing. But you know, I gonna be—try to prove I'm a man or something, and I jump up and get married. . . .

Richard said this softly, in a matter-of-fact tone, as he spoke to Wesley and me of his marriage. Wesley nodded. He knew what Richard meant. He said he wanted to marry and settle down too. Earl and Boley and the other young never-married men had not fixed on a a girl or a time but privately they assumed they would be getting married soon, too.

The discrepancy between the private readiness to marry and the public presumption of coercion points up the discrepancy between what marriage is supposed to be and what it is, in fact. In theory, marriage is a "big thing;" it is the way to manhood with all its attendant responsibilities, duties, and obligations which, when discharged, bring one status and respectability. In fact, marriage is an occasion of failure in the critical area of manhood, and therefore leads to a diminished status and loss of respectability. The difference between what marriage offers in theory and what it delivers in fact can be as dust in one's mouth. It was in Richard's.

> A man [ready to get married], he's got big ideas. He thinks marriage is a big thing, you know. But you know, it's no big thing.

Men may want "to jump up and get married," "to be a man or something," but knowing, or strongly suspecting, that marriage is a poor risk, they hedge against probable failure by camouflaging their private readiness to marry with the public fiction of coercion. Hedging takes the edge off failure. The hedge asserts that the man does not enter fully and freely into the marriage contract; that he was forced into it, went into it reluctantly, or was merely "going along with the program." Thus, marriage becomes, in part, a hold that is not a hold. The hedge permits a more passive participation than the obligation that total public commitment carries with it. It gives the man a partial defense against those who would hold him strictly to the terms of the contract; and it somewhat lightens the onus attached to breaking up the marriage by permitting him to say, in effect, "I didn't really want to get married in the first place."

WHY MARRIAGE DOES NOT WORK

The Theory of Manly Flaws

As the men look back on their broken marriages, they tend to explain the failure in terms of their personal inability or unwillingness to adjust to the built-in demands of the marriage relationship. Sea Cat, for example, admits to a group of men on the corner that his marriage broke up because he simply could not bring himself to subordinate his independence to the demands of a joint undertaking.

> I was married once and once was enough. I can't live that way, having someone tell me when to get up, when to eat, "go here," "go there." Man, I've got to be master. I've got to be kingpin.

Stoopy blamed the failure of his marriage on his weakness for whiskey and would tell how angry his wife used to become when he got drunk and spent or gambled away the rent money. She put up with him longer than he had a right to expect her to, he said. Even now, when she comes on Saturday mornings to pick up money for the children, she says she is willing to try again if he will promise never to get drunk but he knows he could not stick to such a promise, even though he loves her and the children and would like them to get back together.

Tally felt much the same way. When he was living with his wife, his drinking and "bad language" rightly disturbed her. Also, he couldn't stay away from other women. But he still loved her and if she would give him another chance, he would "put down" all those things which come so easily to a man but which a wife is justified in refusing to accept in a husband.

> . . . I love my wife. When I go to bed at night [it's as if] she's with me, and my kids are, too. Deep down in my heart, I believe she's coming back to me. I really believe it. And if she do, I'm going to throw out all these other women. I'm going to change my whole life.

On close inspection, it is difficult to accept these self-analyses of marital failure at full face value. Quite apart from the fact that it seems to be the men who leave their wives, rather than the other way around, these public assumptions of blame express a modesty that is too self-serving to be above suspicion. In each instance, the man is always careful to attribute his inadequacies as a husband to his inability to slough off one or another attribute of manliness, such as independence of spirit, a liking for whiskey, or an appetite for a variety of women. They trace their failures as husbands directly to their weaknesses as men, to their manly flaws.[2]

Simple and self-serving, this theory of manly flaws to account for the failure of marriage has a strong appeal for the men on the streetcorner.[3] But the theory is too pat, too simple; one senses that it violates the principle of sufficient cause. The relational complexities of marriage and its breakdown want answers which touch on these complexities. A more detailed examination of sexual infidelity—the largest and most common manly flaw—suggests that these flaws are not too damaging in themselves but that each is rooted in a host of antecedents and consequences which reach into the very stuff of marriage.

Sexual Infidelity as a Manly Flaw

Tally's contention that he would "throw out all those women" if his wife would only return to him was acceptable as a declaration of good intentions, but none of the men on the streetcorner would accept it as a description of what would happen in fact. One of the most widespread and strongly supported views the men have of themselves and others is that men are, by nature, not monogamous; that no man can be satisfied with only one woman at a time.[4] This view holds that, quite apart from his desire to exploit women, the man seeks them out because it is his nature to do so. This "nature" that shapes his sex life, however, is not human nature but rather an animality which the human overlay cannot quite cover. The man who has a wife or other women continues to seek others because he has too much "dog" in him.

> Men are just dogs! We shouldn't call ourselves human, we're just dogs, dogs, dogs! They call me a dog, 'cause that's what I am, but so is everybody else—hopping around from woman to woman, just like a dog.

This pronouncement from Sea Cat met with unanimous agreement from the men on the corner. Another occasion brought forth similar unanimity. It was a Friday evening. Tally, Clarence, Preston, Wee Tom and I were sitting in a parked car and drinking. Tally cooed at the women as they walked by.

One woman, in response to Tally's "Where you going, baby?" approached the car and looked the five of us over carefully, each in turn. "Walking," she said, and turned away. We watched her saunter across the street, her hips lurching from side to side as if they were wholly independent of the rest of her body. "That's real nice," said Tally, "that's real nice." There was a chorus of yes noises from the others.

I wondered aloud at the paradox of the five of us, each with a good woman waiting for him to come home (although Tally was living alone at the time), sitting in a car, drinking, and ready to take on any woman who walked down the street. The answer came quickly, unanimously: we (men) have too much dog in us.

"It don't matter how much a man loves his wife and kids," said Clarence, "he's gonna keep on chasing other women. . . . A man's got too much dog in him." The others agreed with Clarence and remained in complete agreement throughout the discussion which followed.[5]

The dog in man, which impels him to seek out an ever-expanding universe of sex, is a push-pull affair. A "new" woman is, by common consent, more stimulating and satisfying sexually than one's own wife or girl friend. The man also sees himself performing better with "new meat" or "fresh meat" than with someone familiar to him sexually. Variety is not only the spice of sex life, it is an aphrodisiac which elevates the man's sexual performance. The point is perhaps best made by a standard joke which frequently appeared when the subject of sexual competence came up. It was told more as a fact of life than as a subject of humor.

> An old man and his wife were sitting on their porch, rocking slowly and watching a rooster mount one hen, then another. When the rooster had repeated this performance several times, the old woman turned to her husband and said, "Why can't you be like that rooster?"
>
> "If you look close," the old man said, "you'll see that rooster ain't knockin' off the same hen each time. If he had to stick with the same one, he wouldn't do no better than me."

In attempting to sustain simultaneous relationships with one's wife and one or more other women, it frequently happens that one such relationship compromises the other. The marriage relationship, in particular, may suffer sexual damage. The man who admits this is not thereby diminished. He does not have to—nor does he—boast of the frequency with which he can engage in sex nor of the number of times he can achieve an orgasm in any given encounter. In special circumstances, he can even admit to not being able to engage in sex and, in doing so, enhance his image as a man who is successful with women. This is the case, for example, when the men talk about coming home from an engagement with another woman and being unable or unwilling to meet the sexual demands of their wives or women they are living with.

This predicament is freely admitted to in an almost boastful manner. On the streetcorner, it is a source of great merriment, with each man claiming to have a characteristic way of dealing with it. Sea Cat claims that he usually feigns sleep or illness; Clarence insists on staying up to watch the late show on TV, waiting for his wife to give up and go to sleep; Richard manufactures an argument and sleeps anywhere but in bed with Shirley; others feign drunkenness, job exhaustion, or simply stay away from home until their wives are asleep or until morning when the hosuehold is up and beginning another day.

The damage inflicted on marriage by such avoidance behavior tends to be assessed one way by men, another by women. The man tends to look at the problem in simple terms: he has a flaw which leads him to run around with other women. He simply has too much dog in him. True, he has violated the marriage, but only in this one narrow area of sexual fidelity.

In fact, the damage is much wider and deeper, as suggested by the wife in one of the streetcorner marriages that was falling apart. In bitterness mixed with resignation, she told of how her husband had been running around with other women and avoiding her sexually. She could live with this, she said, but what made the situation intolerable was his determination to find fault with everything she did, such as the way she cared for the children or cleaned the room. What started out as a transparent attempt to create arguments as an excuse for avoiding sex with her had gotten out of hand. The result, she said, was that all areas of their life, not only the sexual, was being poisoned.

Holding the narrow viewpoint implicit in the theory of many flaws can lead to a false statement of the problem and to irrelevant solutions. Richard is a case in point. His marriage to Shirley was going badly. Almost nothing was right. The problem, as he saw it, was a simple one. "I'm a sport. I'll always be a sport. I was born that way. I got a lot of dog in me." Being a sport, he said, drove him to seek out other women. Being a "walking man" (because he had no car) forced him to confine his amorous adventures to within walking distance of home and this, in turn, led to repeated discovery by Shirley and to a home life characterized by chronic fights and arguments. Now if he had a car, he argued, he would have women outside the area. Shirley wouldn't know where he was—at least, she wouldn't catch him at it—and the fights and arguments would stop.[6]

Another Point of View

Not all the men hold to the theory of manly flaws in accounting for the failure of their marriage. Sometimes, even those who do may give alternate explanations. In general, those who do not blame themselves for the failure of their marriage blame their wives, rather than family, friends, marriage itself or the world at large. Even Richard, a prominent exponent of the theory of manly flaws, once shifted his ground. His marriage to Shirley had deteriorated to the point that it was barely recognizable as such. "I'm going to cut out," he said. "I can't take no more of her shit. She's getting under my skin."

One older man recalls in detail how his marriage ended.

> Me and my wife separated May 31, 1940, Friday night. I came home from work and right away she started nagging me. She said the landlord wanted his rent money and the insurance man, he was there too. I was tired of all that nagging. I said I had some money and she could pay the insurance man tomorrow when I went to work. I was real drunk and she hit me with brass knuckles. Then I got mad and cut her . . .[7]

Sweet's explanation was along the same lines.

> From now on, I'm playing the field. A man's better off in the field. I lived with her five years and every day, as soon as I walked in the house, I'd hear nothing but nagging. Mostly money. I got tired hearing all that shit.

Explanations such as these appear to stand up better than those which emphasize manly flaws. They are more solid on several counts. First, they suggest that it is the husband who does the leaving, which seems most often to be the case in fact. Second, they are not self-serving. True, they do place the blame on the wife but no special advantage accrues to the man thereby; neither his public nor private self is materially enhanced. And third, unlike the appeal to manly flaws, these explanations are compatible with the way in which women look at the same events. Both agree that the man quits, and quits under the pressure of the marriage relationship. To the man, the pressure is generated by his wife's expectations of him as a husband. Importantly, he avoids the "why" of her nagging behavior and complains of the "how." He does not deny the legitimacy of her expectations but objects to their insistent repetition and the unrelieved constancy of it all. "Getting under my skin" and nagging behavior give flesh-and-blood expression to his wife's unmet legitimate expectations for herself and her children. This, it seems, is what he finds too intolerable, for his wife's unmet expectations are a standing reminder of his failure as husband and father.[8]

The foregoing quotations point clearly to the importance of money in the wife's expectations. To pay the rent, buy the groceries, and provide for the other necessary goods and services is the sine qua non of a good husband. There are, of course, several possible alternate sources of financial support—the wife herself, friends or relatives or public or private agencies—but it remains peculiarly the (good) husband's responsibility, not anyone else's.[9]

Few married men, however, do in fact support their families over sustained periods of time. Money is chronically in short supply and chronically a source of dissension in the home. Financial support for herself and her children remains one of the principal unmet expectations of the wife. Moreover, although providing such support would be, so far as the husband is concerned, necessary and sufficient, the wife—who seldom gets even this much—wants more, much more.

She wants him to be a man in her terms, a husband and father according to her lights. It is not enough that he simply gives money for her and her children's support, then steps away until the next time he shares his pay day with them. She wants him to join them as a full-time member of the family, to participate in their affairs, to take an active interest in her and the children, in their activities, in their development as individuals. She wants his ultimate loyalty to be to her and the children, and she wants this loyalty to be public knowledge. She wants the family to present a united front to the outside world.

Most important of all, perhaps, she wants him to be *head of the family,* not only to take an interest and demonstrate concern but to take responsibility and to make decisions. She wants him to take charge, to "wear the pants," to lay down the rules of their day-to-day life and enforce them. She wants him to take over, to be someone she can lean on. Alas, she ends up standing alone or, even worse perhaps, having to hold him up as well.

Wryly, and with a bitterness born of experience, Shirley smiles to herself and says,

> I used to lean on Richard. Like when I was having the baby, I leaned on him but he wasn't there and I fell down . . . Now, I don't lean on him anymore. I pretend I lean, but I'm not leaning.

Shirley had not always surrendered with quiet resignation. Like Lorena and other women, she too had tried to cajole, tease, shame, encourage, threaten or otherwise attempt to make her man a man. Lorena said that in the beginning of her marriage, she used to pray to God, "Make John a good husband and father." Then she realized that "that's not God's job, that's my job," and she changed her prayers accordingly: "Lord, this is Lorena Patterson. You know all about me. You know what I need."

So Lorena took on herself the job of making John a good husband and father, but it didn't work. She blames herself for the failure of her marriage but she blames John, too. John was a boy, she said, not a man. He wasn't the "master."

> I want the man to wear the pants but John made me wear the pants, too. His pants had a crease in them, mine had a ruffle, but I was wearing the pants, too.

Lorena's desperate gambits to force John to assert himself as man of the house ended disastrously, leaving her with mixed feelings of contempt, indignation, pity and failure.

> After we got married, I used to push him to see how far I could go. Once, I told him to kiss my ass. He laid my lip open and I stayed in the room till the scar healed up. For the next two weeks, he didn't do anything, no matter what I did, so I tried again. I called him an s.o.b. His family used to say that those were fighting words to John. They said he couldn't stand to hear anyone say something about his mother. So I called him an s.o.b. You know what he did? He sat down in a chair and cried. He just sat down and cried!

The husband who sometimes responds to this testing and challenging by slapping his wife's face or putting his fist in her mouth is frequently surprised at the satisfactory results. He does not understand—or does not admit to understanding—the woman's motives and may attribute them to some vague impulse to masochism latent in women. Leroy, for example, was getting ready to take his leave from the streetcorner. He said he was going home to see what "Mouth" (Charlene) wanted. She probably wanted a whipping, he said; she seems to beg him to beat her. Afterwards, she's "tame as a baby, sweet as she can be."

Then he told of how, the day before, Charlene beat on him with a broomstick, daring him to slap her, but he simply walked out because he knew this would hurt her more than a whipping. Doubtless it did. For Charlene, like Lorena, wanted some tangible evidence that her husband cared about her, about them as a family, and that he was willing to fight to establish and protect his (nominal) status as head of the family. She openly envied Shirley who, when things were going tolerably well for her and Richard, took pleasure in boasting to Charlene, Lorena and other women that Richard pushed her around, insisted she stay off the street, and enforced the rule that she be up early every morning, dress the children and clean the house. For evidence of this kind of concern, Charlene would gladly pay the price of a slap in the face or a pushing around. All too often, however, Leroy declined to accept the challenge or, accepting it, was himself reduced, like John, to tears of shame, helplessness and defeat.

Richard was contemptuous of Leroy. No one had ever seen Richard cry. Leroy must be "weak" or "lame" to let Charlene make him cry like that. As for himself, he cried, too, he admitted, but he always cried "on the inside."

Thus, marriage is an occasion of failure. To stay married is to live with your failure, to be confronted by it day in and day out. It is to live in a world whose standards of manliness are forever beyond one's reach, where one is continuously tested and challenged and continually found wanting. In self-defense, the husband retreats to the streetcorner. Here, where the measure of man is considerably smaller, and where weaknesses are somehow turned upside down and almost magically transformed into strengths, he can be, once again, a man among men.

REFERENCES

[1] At the time of this episode, Charlene was in her ninth month with Leroy's child but even the imminence of parenthood could not elevate their respective rights and duties to those of husband and wife.

[2] ". . . people do not simply want to excel; they want to excel as a man or as a woman, that is to say, in those respects which, in their culture, are symbolic of their respective sex roles. . . . Even when they adopt behavior which is considered disreputable by conventional standards, *the tendency is to be disreputable in ways that are characteristically masculine and feminine.*" (Emphasis added.) Cohen, A. K., DELINQUENT BOYS, Glencoe, The Free Press, 1955, p. 138.

[3] In an imaginative discussion of adaptations to failure in the evolution of delinquent subcultures, Cloward and Ohlin hypothesize that "collective adaptations are likely to emerge where failure is attributed to the inadequacy of existing institutional arrangements; conversely, when failure is attributed to personal deficiencies, solitary adaptations are more likely." Cloward, R. A. and Ohlin, L. E., DELINQUENCY AND OPPORTUNITY: A THEORY OF DELINQUENT GANGS, Glencoe, The Free Press, 1960, p. 125. The "theory of manly flaws," when seen as an adaptation to failure in marriage, does not appear to fit this hypothesis, or at least suggests another possibility: a collective adaptation in which the participants agree to attribute failure to themselves as individuals.

[4] "In lower social levels there is a somewhat bitter acceptance of the idea that the male is basically promiscuous and that he is going to have extramarital intercourse, whether or not his wife or society objects." *See* Kinsey, A. C., Pomeroy, W. B., and Martin, C. E., Social Level and Sexual Outlet, *in* Bendix, R., and Lipset, S. M. (Editors), CLASS, STATUS AND POWER, Glencoe, The Free Press, 1953, p. 307.

[5] But a few minutes later, when the question arose as to whether women have as much dog in them as men, the men were less sure of their answers and disagreed among themselves. One said that women have as much dog in them as men but that a good woman also has a lot of pride and that's what keeps her from acting the same way men do. Another said that women have less dog in them, hence their more conservative sexual behavior. A third opinion held that women had more dog than men but that this was obscured by the double standard which inhibited women's freedom of action. And still another held that some women have less dog than men, some more, and that this accounted for the division of women into "good" and "bad."

[6] Richard repeated this argument at different times, each time in complete seriousness. It is an appealing argument. If access to an automobile does indeed

confer stability on marriage, then, other things being equal, working- and middle-class marriages have a better chance for survival than marriages among the lower, unpropertied classes. At best, however, it is a highly debatable point. When Richard did manage to acquire an automobile for a brief few weeks, the deterioration of his marriage to Shirley was dramatically accelerated.

[7] Together with other references to violence between husband and wife, this quotation is, in my opinion, clear supporting evidence for the insightful observation that "rolling pins and pots are more often preludes to the disintegration of marriage than the basis on which a balance of power is worked out." Blood, R. O. and Wolfe, D. M., Husbands and Wives, THE DYNAMICS OF MARRIED LIVING, Glencoe, The Free Press, 1960, p. 12. Thus, the widespread violence between streetcorner husbands and their wives seem to be more a product of persons engaged in an always failing enterprise than merely the "style" or "characteristics feature" of streetcorner husband-wife relationships.

[8] Studies of a variety of lower-class populations emphasize that, for the man, self-respect, status, self-esteem, etc., is intimately bound up with the ability to support one's family: "The man's role is financial and his status in the household depends rather stringently on his ability as a breadwinner: his self-respect is closely tied to his financial independence." Klein, J., SAMPLES FROM ENGLISH CULTURES, London, Routledge and Kegan, Paul, 1965, Vol. 1, p. 164; "A man who . . . is unable to carry out his breadwinning role . . . falls a great distance in the estimation of himself, his wife and children, and his fellows." Robb, J. H., Working-Class Anti-Semite, quoted *in* Klein, *ibid.* "The Negro man . . . cannot provide the economic support that is a *principal male function* in American society. As a result, the woman becomes the head of the family, and the man a marginal appendage who deserts or is rejected by his wife . . ." Gans, H. J., The Negro Family: Reflections on the Moynihan Report, *Commonweal,* 83, 48, October 15, 1965.

[9] Providing financial support is so intimately associated with the husband's role that, on one curious occasion, financial support was argued to be one of two paramount considerations in defining sex and kinship roles. Charlene was pregnant, but she and Leroy were not yet married when Leroy got into a heated argument with Beverly, the bull-dagger (Lesbian) who was living with Charlene's mother, Malvina. They cursed one another and Leroy took out his knife. Beverly was indignant, and pointed out that Leroy should be more respectful because she, Beverly, was his stepfather-in-law! Her argument rested on the twin assertions that she was sleeping with Malvina and supporting her.

Beverly should have left well enough alone. Leroy was willing to acknowledge some merit in her argument but when Beverly claimed she was even more of a man than Leroy, this was too much. Laughing about it the next day, Leroy recalls what follows: "I said, 'If you're more of a man than I am, pull your meat out and lay it on this rail.' I put mine on the rail and she said, 'I'm not that common. I don't do my lovin' that way.' "

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DR. LIEBOW'S INTERPRETATION OF PAPER

After hearing the discussions at the previous session, I would rather talk about things other than my paper. However, the paper does require some kind of interpretation. The materials were gathered through participant observation over a two-year period, 1962–1963, as part of a larger long-term study of child-rearing practices among low-income families in Washington, D. C. This study was designed and directed by Dr. Hylan Lewis.

In connection with the point that Frank Edwards made today about the differential contribution of different socioeconomic groups to the statistical conclusions that one comes to, such as those in Dr. Glick's paper—and the same point was made earlier by James Jones about the need to be aware of the great diversity in the ghetto—that we hear the word "ghetto" and we tend to think of a single block, either of people or of life styles. There is a great diversity there, but the kind of material that I have in this particular paper is highly selective; it deals with only one small group of people in the ghetto, those who are most visible to the outside observer, the men hanging around the street-corner. But an awful lot of people—an awful lot of men—are not hanging out on the street corners in the ghettos. You just do not see them. At least, I did not see them and the conclusions I came to do not say anything at all about the attitudes and behaviors of those who did not hang out on street corners.

With that disclaimer, I would like to go into the paper itself very briefly.

The first point is the great care people take to distinguish between marriage and the variety of forms of consensual union. The evidence I had for this was both behavioral and linguistic, in the selective use of reference terms such as "husband" and "wife," "old man" or "old lady." The conclusion is that marriage has higher status than the consensual union, and greater respectability. Not only are its rights and duties better defined, but only through marriage can a man and woman lay legitimate claim to being husband and wife.

I think this is very important, but I do not think it is very surprising. I think we are in danger of being ethnocentric if we think of marriage as being something typically American or middle class. It is a true cultural universal.

To be a man, most societies, past and present—and this has been said many times by anthropologists and somehow we just do not seem to pay attention to it—but to be a man most societies require that the male must provide food, clothing and shelter for some female and her young. He has to do this to be a man, to be a full participant in the society.

So it is not surprising at all that lower-class Negroes are human beings who want the same things that other human beings want and define the male role in very much the same way that everybody else in the world defines it.

The second major subject of the paper is the discussion of why marriages fail among lower-class Negro men in cities. From their point of view, the marriages fail because they are too much of a man—each of them sees himself as being too much of a man—to be married.

What he means is, or what he says he means is, that he likes whiskey too much; he likes other women too much—he likes "freedom" too much—all of the things that seriously compromise a marriage. He likes these too much to forego them to maintain a successful marriage.

I do not believe that what he says is true, and I think that if we go to the women and talk to them about it, or when some of the men at different times talk to themselves about why their marriages broke up, you find that they simply could not make it; that they could not meet the reasonable demands of their wives, and these demands were simply that this man support the family and be the head of it, and this is what he could not do.

So he gives up. The conclusion of the paper is that marriage is an occasion of failure; that to stay married is to live with your failure, to be confronted by it day in and day out; it is to live in a world whose standards of manliness are forever beyond one's reach; where one is continuously tested and challenged and found wanting. In self-defense the husband retreats to the street corner, and here, on the street corner, where the measure of a man is considerably smaller, and weaknesses are somehow turned upside-down and transformed into strengths, he can be once again a man among men.

For me, the single most important indigestible fact about marriage among lower-class Negroes and poor people, generally, is a statistic reported by President Johnson in his 1968 Manpower Report to Congress: that in 1966, 25 per cent of the nonwhite, full-time, year-round employed men earned less than $3,000, and this is in a year when the Bureau of Labor Statistics estimated that a minimally moderate standard of living for a family of four in an urban area required $9,200.

To talk about lower-class Negroes' attitudes toward marriage in this world—in a world where one out of every four men earns less than $3,000, full-time, year-round, to say nothing of those who work seasonally or part-time or are unemployed—to talk about attitudes toward marriage and men's relations to their wives is meaningless, especially if the intent is to compare it to the white middle class.

If a man cannot earn a living and support himself and his dependents, it does not make much sense to talk about marriage. I don't know how one stops talking about it, but I think we should try to.

Dr. Thompson said earlier that, given the economic, social, political and educational conditions that now exist, Negroes have done a remarkable job; the Negro family has shown great strength; and this is so. But these conditions are precisely those that we cannot accept as givens. We cannot accept these as givens; black people cannot accept them as givens, and white people should not accept them as givens.

Certainly there is strength there, given all these things, but I am convinced it is a very grim life, and a very bad one, and I do not think that those who are living it are enjoying it. I do not think that this subculture business—suggesting that they have other values and life styles that give them the kinds of gratifications peculiar to them and are not available to whites—I do not think that this is a useful way of either viewing or dealing with the problem.

DISCUSSION

Dr. Jessie S. Bernard: I have three questions to ask Dr. Liebow. He does not have answers; he told me so. But I know he has a lot more data than he actually used in his book or paper and I take a sort of proprietary interest in them because I remember the excitement I experienced when, in the fall of 1963, I heard his report at a staff seminar at NIMH in Adelphi, Maryland. He was still in the midst of his analysis; he had not sorted out all his data yet; but it was obvious, even in this formative stage of his thinking, that he had struck an extremely rich vein for helping us understand the black community.

The first question has to do with the relative impact on fertility of the marital status of men and of women. Practically all we knew about black families and black sex patterns before Dr. Liebow's work was derived from interviews with women. We had a very female-oriented idea of black family life. In Dr. Liebow's work we saw it from the man's point of view. It looked different, yet the same. We recognized the validity of what he reported and we recognized also that it did not invalidate the different data we had gleaned from the women. Rather it complemented what he had learned from them.

I think, on the basis of Dr. Liebow's work, that perhaps too much of even our demographic work is female-oriented. We are, for example, interested primarily in the marital status of *women* as related to fertility. Perhaps we have underplayed the marital status of *men* as a factor. A man not living with his wife may, in a given limited period of time impregnate a number of women; a man living faithfully with his wife, only one. There is need for study of the relation of marital stability in men, as well as of women, to the overall fertility of the population in question. The marital pattern of men is at least as relevant as that of women in dealing with fertility and may influence it in the opposite direction. The first question, then is: Among the men at Tally's Corner, is there more or less coitus inside than outside of marriage?

The second question has to do with the *political* uses of demography as related to fertility, uses probably older than any other. In the nineteenth century, heads of state viewed the birth rates with a great deal of concern. It was important that no nation permit itself to be outbred by its potential enemies. Nations could successfully survive economic catastrophe; but decline in fertility struck at the very marrow of their being. What, asked the Germans, would happen if neighboring nations were immune to fertility declines? What if Italy, Poland and the Slavic nations continued with higher birth rates than Germany? One leader, Hans Hertel, warned that "the fight with arms yields merely temporary decisions. The birth rate decides the fate of nations for a long time ahead."

In the 1960's, black militants were also thinking in such demographic terms. When Nixon introduced his plans for family planning services, one black leader rejected it on the grounds that it would lower the black birth rate and the blacks had to breed until they constituted at least 37 percent of the population, before they could really acquire power. Some of you probably know the line they are taking: "The Brothers," says a flyer issued in Poughkeepsie by the Black Unity Party, "are calling on the Sisters to not take the pill. It is a method of exterminating black people. Taking the pill means that we are contributing to our own genocide."

And here is the Sisters' reply: "Dear Brothers: Poor Black Sisters decide for themselves whether to have a baby or not to have a baby. If we take the pill or practice birth control in other ways, it's because of poor black men." They then give their version of the men on Tally's Corner. "They won't support their families, won't stick by their women. Poor women would be fools to sit in the house with a whole lot of children and eventually go crazy, with no place to go, no signs of affection —nothing." That is their response to the black militants' demographic appeal.

Some of you may have noticed this "Women's Liberation" button I am wearing. I am not entitled to wear it because I am too old, too "ambivalent," too "threatening," too "patronizing." I am not in the club; they are not for me, but I am for them, a hundred per cent, and it's from the Women's Liberation Movement's literature that I got this material on the black woman's response to the demographic appeal of the militants. It is unusual, because for the most part the Women's Liberation Movement is primarily a white, middle-class movement of college-educated women. At any rate, one reason I think it is important is that it is performing an extremely important function in our society today. Their message does not need decoding; it is not occult. In an age when we have to underplay rather than emphasize the maternal function, we have to stop thinking of women in such narrow terms. We have to get used to the idea that reproduction is going to play only a very minor part in their lives; we have to become accustomed to them as human beings not related exclusively to reproduction. We have to reconceptualize sex and sexuality, rethink masculinity and redefine the role of the female, black and white. Changing men and women along these lines will not make them alike, but only different in different ways.

The radical women are carrying off this revolution. And this is the most humane and the most human revolution of all. Who can be opposed to a revolution that asks: How can we all be more human? Which reminds us that we must get busy to eliminate what are not properly humane or even human ideals, the warrior, the killer. This is truly a case where the self-actualization of women contributes to the well-being of all. This is the kind of thing that is going on and unless we are with it, we are way behind the times.

Now, after these preliminaries, the second question. Dr. Liebow did his work at a very crucial historic moment, from 1962 to 1963, which was about two years after the widespread use of the pill became feasible, and just as the fertility rates of black women had begun to decline. A great many things have happened since he was at Tally's Corner that could produce change. When he talked to the men he found very little interest in civil rights activity.

Would that still be true today? Has the War on Poverty done anything to or for them? Have they had any contact with any community organizations, or has participation on their part been so minimal as to amount to nothing at all?

Question three is this: did the men on Tally's Corner know and practice contraception? I have found the Westoff-Ryder data on the use of contraception especially interesting as revealing who the men are who assume responsibility. I would like very much to see more analysis of couples in which the condom, withdrawal and even rhythm, are used to compare with men on Tally's Corner.

These are the three questions, but I would like to make just one other point and it has to do with the changing conceptions of marriage in our society, of which I do not believe a lot of our technical thinking takes cognizance. The problem of marital status as related to fertility has one meaning when marriage is defined in one way and perhaps quite another when it is defined in another way.

In connection with another study, I have had occasion to examine what I call the democratization of marriage. At one time marriage was a kind of privilege, a prerogative for higher-class people, essential for them to preserve property rights. Lots of people could not get married. Slaves, for example, or apprentices or paupers. In seventeenth century England, you could not get married until you were ready to establish a household.

In effect, we have perpetuated this pattern for black people. We have said to black men, "You can't have sex relations until you get married; you cannot get married until you can support a wife and family; we won't let you learn the skills that will make it possible for you to support a family; so you can't have any sex relations." That worked in seventeenth century England. But we have now democratized marriage until almost everybody can get married. Young people do not have to be able to establish and maintain a household; they do not have to have any kind of property; they buy a few sticks of furniture and they are in business. We have a new conception of marriage; we do not think it requires all the paraphernalia that it once did. So when we think of marital status as a variable in fertility we ought to bear these changes in mind.

We are also about to recognize in the idea of the no-fault divorce the two kinds of marriage that have been emerging; childless marriages and marriages with children, the first being relatively easy to dissolve. I would like to hear what Dr. Liebow has to say on these matters.

Dr. Hauser: I want to introduce two considerations that strike me as having more explanatory value about the phenomena we have been talking about, including the explanation of a good part of what we find on Tally's Corner, than anything else that you might adduce, even though they are abstract demographic data.

These facts have been brought out, but I do not think they have been sufficiently emphasized. In the 50 years between 1910 and 1960, which is less than one lifetime, blacks in the United States have been transformed from 73 per cent rural to 73 per cent urban.

In that same time there has been a regional shift from about 90 per cent in the South to 40 per cent in the North and West.

As recently as 1960, drawing on the Census, 23 per cent of all black adults in this nation, those 25 years of age and over, were functionally illiterate; that is, they had not gone beyond fifth grade—had not acquired the ability to read a metropolitan newspaper with ease.

A third fact that is readily documentable and on which I will not elaborate, is that perhaps the dominant proportion of all blacks in metropolitan areas in the United States today are migrants to, rather than natives of, metropolitan areas. That is, the internal migratory movements, greatly accelerated during World War II and its aftermath, have brought to urban and metropolitan America a stream of blacks utterly unprepared to make a living.

I want to contrast this situation with that of white immigrants. The immigrants also came without education and without skills, but it was to a United States that was building railroads and urban infrastructures, and so on, and with a strong back they could earn a living.

The predominant proportion of our blacks have come into the mainstream of American life at a time when with nothing but a strong back they cannot earn a living.

My concluding observation is this: These few considerations I think will go far in explaining the phenomena that we are talking about, including marriage, illegitimacy and the attitudes of the men on Tally's Corner and so on. This is one case, in my judgment, where hard demographic facts will tell us more than an infinite number of case studies. And I think a lot of the other considerations, such as patching up marriages and families and doing social work and all the rest of it, is so much hogwash. What we have to do is deal with the basic facts, and realize that blacks have experienced the need for a transformation of life styles unprecedented in human history.

Dr. Valien: Obviously, Dr. Liebow was dealing with black males, and perhaps he could not expect to get what I think Dr. Bernard referred to, the black female outlook. In this connection I wondered whether it was the black female rather than the black male who made the choice not to be married in the formal sense. As previously indicated, I found this to be the case in the common law marriages that I studied. Norman Ryder also mentioned a similar situation in terms of the choice of the female as to whom she would have raise her child. She might have a child by a man and refuse to engage in a formal marriage with him because she views as essentially different the context of being able to engage in a satisfactory sexual relation and the context of a man's ability to provide a family setting. Therefore I wondered whether Dr. Liebow's lack of reference to the possibility that the woman would not desire to enter into a marriage relation was a reflection of male ego not being willing to admit this, or whether it was just not in his material.

Dr. Farley: I would like to ask Dr. Liebow to comment on one thing if he could. Dr. Thompson mentioned that there are different kinds of black families each of which provides certain benefits to children. I know that in TALLY'S CORNER there are certain references to the socialization process. Do you have any information about how the instability of the families headed by the men in TALLY'S CORNER influences the children they father? In other words, is family instability important or inconsequential for such things as the education of the next generation?

Dr. Driver: Earlier there was some discussion of the need for new conceptual frameworks. The present discussion also suggests the need to cast many of the particulars into some kind of framework. Marion Levy has developed a framework with respect to the study of family organization. Many of the present comments seem to fit under what he would call the ecologic substructure, the substructure of authority and power, the substructure of sentiments or the substructure of the division of labor. Many of us hear about role performances with respect to occupation as they affect sexual activity as in Tally's Corner, and as you put these particulars into order you begin to see the relations among, let us say, the division of labor, certain aspects of role performance and the ecologic substructure.

Dr. Williams: It seems to me that there is some contradiction between what Dr. Bernard has referred to as the needs of the "New Female"; and the needs referred to in Tally's Corner. Here it appears that the women are asking men to be more active and to make decisions for them.

Dr. Presser: I think this also relates to Dr. Williams' comments. Many of the comparisons made between blacks and whites should also be broken down further by sex: black male, black female, white male and white female. I think some interesting comparisons can then be made, particularly with respect to the black female versus the white female.

My own limited experience with the feminist movement in New York City suggests one apparent distinction that relates both to Dr. Williams' and Dr. Bernard's comments. I belong to a feminist organization whose members are primarily white professional women. Although there is some interest in recruiting black women, we have few such members. I think this is because the problem of the black woman today is different from that of the white woman. The black woman often is the head of the household and would like to see the black man assume more responsibility in maintaining the family. But she may not be willing to relinquish some of the authority and freedom that being a provider has given her, particularly if she is a professional woman. The white woman is asking for more freedom and authority than she has traditionally had. The professional white woman is asking that discrimination be eliminated and that she, too, be allowed to participate as a provider on an equal basis with men.

The main thing that I think is important is to see the role of the female in relation to the male within the white and black groups separately, for these are quite different.

Dr. Liebow: With respect to Dr. Bernard's first question, as to whether there is more or less coitus among the men at Tally's Corner in or outside of marriage, I was right when I answered her the first time that I did not know. I would hesitate to say that there is more there, in or out of marriage than anywhere else.

As to whether the men are more aware today of civil rights activity and are more involved in it, I do not know. I am still in touch with about half a dozen of the men, and only one of the six has become very active in community action groups, in black militant groups. He goes regularly and routinely to protest meetings and to public hearings at the District Building; just one out of the six, but this may not be a bad percentage. I would have guessed that none of them would make this jump.

Dr. Bernard: How about their younger counterparts?

Dr. Liebow: The younger counterparts that I am in touch with are not in the inner city; they are out in the suburbs, and are perhaps a generation behind those in New York City.

For instance, a few weeks ago I heard someone ask a young, 18-

year-old black kid in Fairmount Heights, a suburb of Washington, what he thought about Malcolm X. He was standing around with his peers, other 18- and 19-year-old guys, and he said, "Malcolm X? He ain't never done nothin' for me. He never put nothin' in my pocket."

He was able to say this in the presence of his peers. I do not think an 18-year-old can do this in the city, today. He might be able to say this privately, but I do not think he would be able to say that standing around with six or seven of his peers in New York City.

One of the six that I am still in touch with has become, I guess you could say, a militant—whatever one means by that—he has become aware; he works hard at it, he studies and reads; he goes to meetings, and he participates fully.

Dr. Bernard: Then it is changing his life.

Dr. Liebow: Oh, his life has changed tremendously as a result of this. This has become central to his life. His job has not changed; the kind of place he lives in has not changed. But his life has changed.

Dr. Bernard: His relations to women?

Dr. Liebow: That has changed dramatically, because his access to this, and the stimulus for it, came through a woman. He got a job moving furniture for a furniture warehouse and there he met a young woman who was herself involved in these activities. They started going out together and now they live together and they are raising a family and it is a very stable relation.

Two of the other six have adopted some of the trappings of militancy. One goes around with a medallion, but they are both very careful to deny that there is anything more than just this.

The other three have not volunteered any information. My contacts are very casual and intermittent.

Do they know and practice contraception? I think all of them knew the condom; most men did not like it at all; they felt it was messy. It was regarded as a dirty, messy technique for contraception, and they did not like it.

I do not know whether they felt any stronger about it than whites do. I do not know what actual figures might say about that, but some used them and did not like them, and others did not like them and would not use them.

Sometimes—and this in just a few isolated cases—sometimes the guy would talk about the fact that the woman would not agree to have intercourse unless he used some kind of protection, and then he would try to decieve her into thinking that he was using something. He was so averse to it that he did not even want to use it when she made it a condition of intercourse.

I do not think the question is so much whether people are willing to use contraceptive devices; there is a great ignorance about the facts of life. A woman, sitting around with a group of four or five other men and women, was talking about trying to have a baby for something like eight years and she had not been able to, and no one there was able to pinpoint for her the period of maximum fertility in the menstrual cycle. Some thought it was at the onset of menstruation. None of them knew—and these were all adults. I would guess that at that time, five years ago, it was not much different from what you might find in a lower-class population anywhere else, white or black.

The last three observations that were made seem closely related. There were Dr. Hauser's two points that blacks have made a rather sudden transition from rural to urban life and they are simply unprepared to earn a living in an urban environment. They do not have the skills, they do not have the elementary education. Dr. Bernard suggested that present family structure handicaps the children now growing up.

I think that these three things are related, and I would like to take exception to an assumption that is being made here: that you need skills to earn a living; that you need an education to earn a living. This is an arbitrary thing. It is wholly arbitrary. Most black people do work, and they are working full time. Jobs are getting done: automobiles get washed, and hotels get cleaned up, maids make beds, there are orderlies in the hospitals, trash gets collected—and black people are doing all this. They are doing the work but they are not getting paid enough to live on. It has nothing to do with skills; somebody has to do these jobs.

Sometime soon we are going to have to stop thinking in terms of upgrading the person and think also of upgrading jobs. There is no reason why a trash collector should not be able to earn a living; there is no reason why a busboy should not be able to earn a living. I am not saying he should remain a busboy; I am saying that busboys should earn a living.

This has nothing to do with education. We can take people as they are, right today, and change the way in which they fit into our society. We have done this; we have upgraded thousands of jobs, we just have not upgraded the right ones. We have not upgraded those jobs Negroes are performing and do not enable them to earn a living. If we do this they would not be so terribly handicapped.

Dr. Hauser: That is only part of the story.

Dr. Liebow: Agreed, it is only part of it.

Dr. Hauser: Because you have got three to one unemployment among Negro youth; two to one unemployment across the board.

Dr. Liebow: Yes, but you also have people complaining that there are jobs that need doing and these young punks out on the street corner will not take the jobs. I think the reason they will not take the jobs is that you cannot make a living by taking the job.

If you have a wife and two kids and somebody offers you 80 bucks a week, what good is it? You cannot do anything with 80 dollars a week. And if you try to do something with it, you know you are going to fail, you are going to look a lot worse than the guy who does not try at all. The man who tries and cannot make it has really failed.

Dr. Valien: Interestingly enough, I heard Procaccino say last night that he had introduced this as an element of his campaign, that he is going to raise the minimum wage to $2.50 per hour and thereby make 20,000 jobs that are not now acceptable.

Dr. Liebow: He will have some problems with that, unless he introduces at the same time the constitutional, legal right to the job.

Dr. Price: Otherwise you increase unemployment.

Dr. Liebow: Right.

Dr. Hauser: We have never really viewed welfare as government subsidy for certain parts of economic activity, but that is exactly what it is.

Dr. Liebow: And by giving a guaranteed right to a job to a man, and a reasonable minimum wage that will enable him to live on it, you are going to have lots of employers saying, "We can't afford to pay this man a living wage." Put *them* on welfare. Put the *employer* on welfare, which is where he belongs, and take the employee off because he never belonged there in the first place. He did his job, he should have been paid a living wage for it.

Put the employer on welfare, and let the government help him pay a living wage to his employees.

Dr. Hauser: We have already done that in agriculture. A well-known southern Senator gets a "welfare check" of over $200,000 per annum.

Dr. Liebow: I do not know what to say about this choice of black females not to be married. It is hard to compare them with white females because what is available to them is so radically different. I think that some of them do choose not to be married to a particular man, but I think most of them do want to get married, and they do want fathers for their children, they do want husbands for themselves, and sometimes I think that they see that the man who has fathered the child is simply not a fit father or husband, or at least not suitable for her, and she is going to wait.

Dr. Bernard: Or just another dependent?

Dr. Liebow: Or just another dependent. She may be right in waiting, because my impression is that the man who lives with a woman who has had children by another man ends up being, on the surface, anyway, a better father to the kids than the natural father. The fact that he cannot make a living and really support the kids does not reflect as immediately or directly on him because they were not his kids anyway, and this frees him to go into a very close and often warm and intimate relation with the children, which the biological father is not free to do.

Dr. Teele: Apropos of Dr. Liebow's statement about the sex life of the men in his study, I would like to note that Rainwater reported that the lower classes indicated less enjoyment of sex than did middle- and upper-class people.

Dr Thompson: A few years ago I was involved in a study in which we examined the family styles of boys who were reared in matriarchal homes. The matriarchal situation, on the one hand, gives rise to what might be called the "Tally's Corner" situation. A family growing out of this kind of antagonism is almost like the idea of Ying and Yang in Chinese culture, where the Yang means life and male and Ying means dead and female. Lower-class black men and women often have different ideas of these two things. Each regards its own sex as Yang and the opposite sex as Ying. The marriages growing out of Tally's Corner are built-in failures, almost from the beginning, because the expectations are in conflict about what the *man* should do and what the woman expects.

Dr. Willie: I hate to disagree with Dr. Thompson; but this is part of the problem, I think, and I also disagree with Dr. Hauser.

Dr. Liebow just finished saying that if the black man had enough money maybe he could make it; but we are studying people who do not have enough to have a satisfying life—that is, to rear a family and to take care of a wife. We study their families with all of the financial limitations built in and we come out with sociologic reports about their behavior without considering their finances. I think this is inappropriate.

I would also like to associate myself with Dr. Liebow's remarks. I think that to get some understanding of the family among poor people, black people and so on, you have to look at the context within which family life takes place. In addition, a good deal of moralism has beclouded our interpretations.

For example, it is much more difficult to deal with individuals than to deal with a system. Therefore, we tend to overlook those areas that might give us too much trouble in terms of power relation.

I think it is important to take into consideration the context. I am afraid the same thing is happening in this discussion that happened in the discussion of Dr. Glick's paper. I looked for trends, but I could not find any in Dr. Glick's chart; and yet we spent a whole morning explaining them. I just hope we will not continue to explain what has happened to the black families before we find out what actually are the characteristics of the Negro family and what black families are actually like today compared to past years.

Dr. Hauser: I am in complete agreement with what you just said, but what did you disagree with?

Dr. Willie: I disagreed with your statement that probably the rapid urbanization is the big problem. I think Dr. Liebow's point that if we could get people paid more for being dishwashers and busboys, at least they would have more money to spend with their families. Maybe it is not style of life but lack of funds that is the problem.

Dr. Hauser: We do not disagree. Perhaps my statement was just too elliptical. The numbers I cited, however, give, to me at least, the imagery of the people mired in what was largely the rural slum South, suddenly joining up after three and a half centuries with the mainstream of American civilization, which is urbanization and metropolitanism, with absolutely no adequate preparation for the transition.

Dr. Willie: The preparation for the transition, I would suggest, however, might be required of the system of the metropolitan city to which the migrants come, rather than of the people.

Dr. Hauser: Of course, both are involved. You need adequate preparation of the person in terms of investment in human resources, and also the necessary changes in the economic, cultural milieu. We do not disagree if we spell this out.

Dr. Hauser: The matter of black women looking down on black men, I think is dealt with in some detail in Frazier's material. He points out that the black female had access to the white cultural situation to which the black male did not, that she adopted the same value systems as the whites for whom she worked as domestic help, and in consequence took the same attitude toward the black male. There is a whole story, there, of the value system of the black female having an utterly different origin from that of the black male as a result of which she is looking through the whites' eyes.

Dr. Willie: I think people need to study Dr. Liebow's hypothesis. His hypothesis is the same, I think, as Moynihan's. He says, "Structural difficulties may have become endemic in the black family so that it cannot overcome its historical situation." However, I believe that until we overcome discrimination we will not be able to test this hypothesis. Figures collected by the Census Bureau show that when blacks and whites have the same education and function in the same occupations, there is a difference on the average of two to three thousand dollars by race in income, with blacks receiving less money.

Dr. Hauser: Worse than that, the higher the education and occupation of the Negro as a group the smaller the compensation in relation to whites of comparable status.

Dr. Willie: Yes. Maybe I overstate my case but I think that is correct.

The point I was trying to get at, then, is that until you deal with discrimination, it is inappropriate to say that there may be, as Moynihan says, structural changes that cannot be overcome. I tell Moynihan that I have an hypothesis: Do away with discrimination and then we will see that your hypothesis about unchangeable structural damage in the Negro family is not true. I think it is very important to consider this counter hypothesis in trying to understand the problem.

People often say that because of television blacks now see how whites live and therefore want to live the same way, as if blacks did not want to live this way a hundred years ago. Blacks have wanted to live decently as human beings ever since they have been human beings.

Dr. Arnold: Dr. Liebow mentioned the unpopularity of the condom in Tally's Corner. I think it is important to recognize that in 1967, some 600 million condoms were sold in the United States. While I will not try to preempt the Ryder-Westoff data, they show, I think, that condoms as a contraceptive are used rather extensively. In three studies of which I am aware in North Carolina, with two of which I was associated, it was found that the condom was very readily accepted by blacks and used frequently. So I offer this as a way of referring to one qualitative study on the subject.

Dr. Liebow: Mine was not qualitative; it was just impressionistic from one or two things.

III. FERTILITY AND FAMILY PLANNING

FERTILITY AMONG URBAN BLACKS

REYNOLDS FARLEY

Descriptions of the demographic transition frequently mention that urbanization played a role in bringing about the switch from high fertility rates to low fertility rates. It is difficult to be certain how far along in the process of demographic transition is the black population of the United States, but it is clear that fertility rates have changed rapidly. Black women who were born around the middle of the last century completed their childbearing with an average of seven children.[1] Women born during the first decade of this century—that is, women who attained childbearing ages during the Depression—averaged about two and one-half children.[2] This downward trend was reversed and the black women born during the 1930's will average about four children.[3] For a decade now fertility rates among blacks have fallen and women born during the 1940's have gotten off to a slower start in forming their families than women born during the previous decade, suggesting a downward trend in family size.[4]

It is not possible, in one paper, to completely specify the consequences of urbanization upon fertility. This paper has two aims. First, trends in the fertility rates of blacks in urban and rural areas are described and, second, factors influencing fertility are examined to account for the observed changes.

TRENDS IN URBAN AND RURAL FERTILITY

It would be convenient if one table could show trends in the fertility rates of specific age groups of women in urban and rural areas. Unfortunately, this cannot be done. Until 1933, no national system existed for registering births and, for some time after that, the registration of black births was not very complete.[5]

The censuses provide data from which fertility rates may be inferred. If the age distribution of a population and something about its mortality level are known it is possible to estimate fertility levels. The enumerated population under age five can be used to determine how many births occurred in the five-year period preceding the census and the enumerated number of women of childbearing age can be used to ascertain how many women were eligible to bear children. Census data were used in conjunction with the official life tables to calculate a commonly used fertility measure, the general fertility rate; that is, the ratio of annual births to women aged 15 to 44 years.

Figure 1 shows these estimates of the general fertility rate. Because this paper concerns urban fertility trends, rates were computed for blacks who lived in the North and West, for the total southern black population and, for dates for which information was available, for the urban and rural South.[6] Within the North and West blacks have always been highly urbanized; 70 per cent lived in cities in 1900, and 95 per cent in 1960. Within the South, the proportion urban has been much lower, increasing from 17 per cent in 1900 to 58 per cent in 1960.[7] The Census of 1960 was the first to show that among southern blacks, the urban population exceeded the rural.

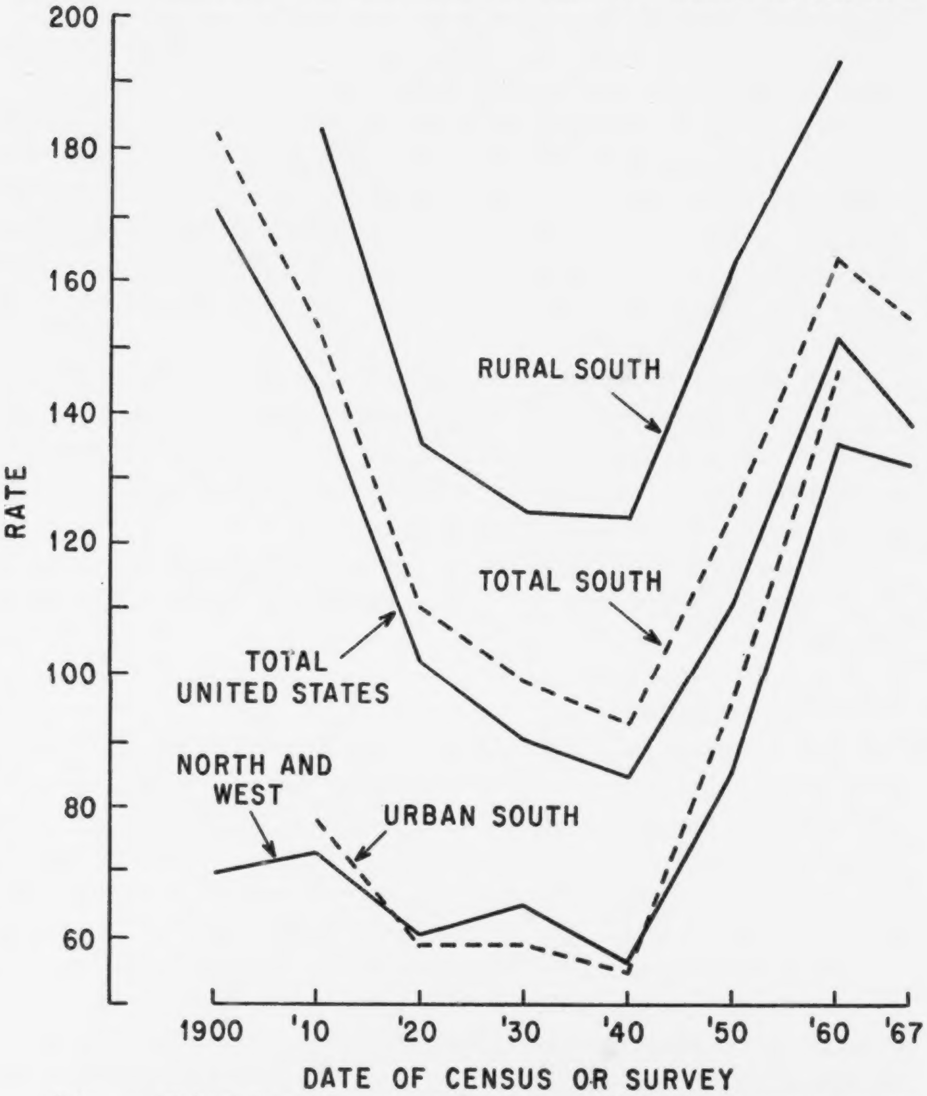
Figure 1 indicates that fertility rates among urban blacks were low early this century and declined only a little between 1900 and 1940. These general fertility rates for urban areas—about 60 births annually per 1,000 women of childbearing age—are extremely low. For instance, they are lower than the general fertility of the white population of the United States during the Depression when this rate was at a minimum[8] and they are as low as the general fertility rate is at present in such slowly growing countries as Hungary and Japan.[9] The very low level of these general fertility rates raises questions about the accuracy of the estimation procedure.

Problems of Measurement

Determining fertility rates from an age distribution obtained by a census can be misleading for the quality of demographic data for blacks is low. At least three sources of error may confound the fertility rates shown in Figure 1.

Official life tables were employed to estimate the number of births from the census tabulations of population under age five. Prior to

FIGURE I. ESTIMATES OF THE GENERAL FERTILITY RATE FOR NEGROES



Sources: United States Bureau of the Census, NEGRO POPULATION IN THE UNITED STATES: 1790 TO 1915, Washington, United States Government Printing Office, 1918, pp. 161, 182, 324–325; ———, UNITED STATES LIFE TABLES: 1890, 1901, 1910 and 1901–1910, Washington, United States Government Printing Office, 1921, pp. 76–77; ———, UNITED STATES LIFE TABLES: 1930, Washington, United States Government Printing Office, 1936, pp. 10–11, 26–27; ———, SIXTEENTH CENSUS OF THE UNITED STATES: 1940, Characteristics of the Nonwhite Population by Race, Table 3; United States Life and Actuarial Tables: 1939–1941, Table 9; ———, CENSUS OF POPULATION: 1950, P-E, No. 3B, Table 1; ———, CENSUS OF POPULATION: 1960, PC(2)-10, Table 1; United States National Office of Vital Statistics, Life Tables for 1949–51, Special Report Series, 41, No. 1, Table 9; United States National Center for Health Statistics, *United States Life Tables 1959–61,* 1, No. 1, Table 9; ———, *Vital Statistics of the United States: 1966,* II, Part A, Table 5–2.

1930, these life tables were based on data for Negroes in the Death Registration Area, not the entire black population.[10] If mortality rates for the total black population were greatly different from those of blacks in the Death Registration Area, the estimated fertility rates may be in error. In addition, the same life tables were used for urban and rural areas and if rural-urban differences in mortality existed the estimated fertility rates would be affected.

Census undercount is a second problem. Many demographers have described serious discrepancies in the count of blacks.[11] If undercount rates for women and children were very different, the estimates of fertility may be incorrect.

Finally, another difficulty is that not all mothers keep their children with them. If black women in northern cities send many of their offspring to live with relatives in the South, as some writers believed,[12] it will have the consequence of reducing estimates of urban fertility and increasing those for the rural South.

To investigate these difficulties, various assumptions were made about mortality, undercount and the absence of children from their mothers.

Mortality Assumptions

In recent years new estimates of mortality trends among blacks have been made using a technique that does not rely upon registered deaths.[13] The population enumerated at one census date is survived to the next census date by a variety of model life tables. Estimated populations for the later census date are then compared to the enumerated population for that census date to determine which model life table best represents the mortality of the interdecennial period. The use of this census survival procedure results in estimates of the expectation of life that are considerably shorter than those indicated by the official life table based on registered deaths. For example, the official life table for the first decade of this century shows a life expectation of 36 years for black females, but life tables derived by the census survival procedure indicate about 28 years as life expectation.[14] Much of this difference is accounted for by the high [illegible] infant and childhood death rates of the census survival life tab[illegible] [illegible]nsus survival life tables do not necessarily provide more a[illegible] indications of the mortality rates. These tables have thei[illegible] [illegible]abilities for they are sensitive to problems of census undercount.

General fertility rates were estimated twice; once using the official life tables and once using life tables developed by the census survival procedure. These general fertility rates are shown below.[15]

	1910	1920	1930	1940
Assuming official life tables	143	102	90	84
Assuming census survival life tables	166	127	112	92

The use of census survival life tables raises the estimated fertility rates at each date and suggests the Depression decade was one of rapidly declining fertility. It does not, however, alter the general picture of fertility change. Therefore, quite different assumptions about mortality do not lead to different conclusions about fertility trends.

It is possible that urban death rates were higher than rural death rates and this could be another source of error. Some evidence suggests that blacks in cities had shorter life expectations than blacks in rural areas, but this evidence is ambiguous and many studies showed that mortality rates were high among rural blacks.[16] Few rural blacks were included in the Death Registration Area until the 1920's so it is difficult to investigate this topic rigorously. The assumption was made that the same magnitude of urban-rural mortality differences that characterized whites in 1910, also characterized Negroes. General fertility rates were then computed for three areas in 1910, assuming, first, that the official life tables represented mortality levels in all areas and, second, that urban-rural differences in mortality existed. These are shown below.

	North and West	Urban South	Rural South
Assuming official life tables in all areas	73	78	183
Assuming urban-rural differences	74	79	178

These figures suggest that urban-rural differences in mortality had very little effect upon the observed fertility differences in 1910. In later years, regional and rural-urban differences in mortality grew smaller, further limiting any impact such differences may have had upon fertility rates.[17]

Census Undercount

Following the censuses of 1940, 1950 and 1960, extensive studies were made of the undercount of blacks. They indicate that although the overall enumeration of Negroes was poor—undercount rates of ten to 15 per cent are reported[18]—black children were missed to about the same degree as women of childbearing age. For the years 1940 through 1960, the general fertility rates were estimated assuming, first, no undercount and, second, undercount to the degree indicated by the studies of Ansley Coale for 1940 and 1950, and by the Bureau of the Census for 1960. For each census year, the two different estimates of the general fertility rate were nearly equal. This is because the undercount of children was offset by a similar undercount of women. Urban-rural differences in census undercount are not known, but it is improbable that difference in the patterns of undercount by age would be sufficient to seriously affect the observed rural-urban differences in fertility. Similarly, it seems improbable that the pattern of undercount by age at earlier dates was greatly different from that observed for the 1940 to 1960 period.

The general fertility rates shown in this paper are lower than those for nonwhites contained in the national vital statistics volumes. The rates in those publications are erroneously large for they have been computed with birth data corrected for underregistration, but with no adjustment for the undercount of women of childbearing age.

Children Living Apart from Their Mothers

Finally, the possibility that many northern black women sent their children to the South must be examined. Tabulations from the Censuses of 1950 and 1960 indicate place of current residence by place of birth. These data demonstrate that little interregional movement of young blacks has occurred. Only 2.5 per cent of the blacks born in the North in the five years preceding either 1950 or 1960, lived in the South when the census was taken. Approximately one per cent of the population under age five in the South in 1950 or 1960 was born in the North.[19] Even if the interregional movement of youngsters was two or three times as great in 1910 as after World War II, it would have had little effect on the estimated fertility rates.

These investigations lead to the conclusion that although the precise level of fertility rates cannot be ascertained, the trends indicated by Figure 1 are valid. Among urban blacks, fertility rates reached a low level early this century and remained at a low level until after 1940. Rural fertility rates declined throughout the period before 1940. These findings are consistent with those of other studies and other data. Warren Thompson, in analyzing trends for his 1920 census monograph, observed the low fertility of urban black women and concluded that only rural Negroes were bearing enough children to replace themselves.[20] The National Health Survey, conducted in 1935–36, discovered that in most cities the fertility rates of blacks were low, lower even than those of native or foreign-born white women.[21] After the Census of 1940, reports were issued showing women by age and number of their own children present in their households. These tabulations can be used to calculate gross reproduction rates.[22] In the North and West the estimated gross reproduction rate for blacks changed from 1.02 in 1910, to .86 in 1940, but in the rural South the drop was from 2.74 to 1.78.

After 1940, fertility rates in all areas increased very rapidly. By 1960, urban fertility rates were apparently higher than those in rural areas 50 years earlier and rural fertility rates in 1960 were as high as or higher than at any previous time this century.

FACTORS EXPLAINING FERTILITY TRENDS

Demographers have used various explanations to account for the shift from high to low fertility rates in western societies. One of the explanations widely used at present is that during the nineteenth century, upward social mobility became possible for many individuals. Middle- and upper-class urban residents realized this and observed that if they had many children they would be unable to provide them with the education and training that were necessary if these children were to be socially mobile. Thus, middle-class urban residents were the first to limit their family size both by marrying at older ages and by controlling marital fertility. Gradually, these practices of family limitation spread to other groups within the society.[23]

Formerly, a quite different explanation for the transition had been given. Many writers speculated that with urban living certain biologic changes occurred that lessened the reproductive capability of men and women. In their view fecundity changes accounted for the fertility trends.[24]

This suggests that to understand why urban fertility rates were low for much of this century and to know why they changed in the manner they did, it is necessary to examine how three types of factors influenced fertility: first, socioeconomic variables; second, age at marriage and marital status variables and, third, biologic factors that are related to fertility.

Types of Data

The available demographic data do not facilitate the direct study of fertility changes; nevertheless, certain tabulations pertain to this topic. Most decennial censuses have obtained some information about the socioeconomic status of men and women who lived in different parts of the country. For instance, until 1940, a question was asked about literacy and since then questions about educational attainment have been asked. At all dates information was secured about the types

TABLE I. NUMBER OF CHILDREN EVER BORN FOR SELECTED GROUPS OF NEGRO WOMEN, BY PLACE OF RESIDENCE, 1940 AND 1910

		1910			*1940*	
Socioeconomic Variables	*North and West*	*Urban South*	*Rural South*	*North and West*	*Urban South*	*Rural South*
Literacy[a]						
Literate	1,362	1,698	3,036		n.a.	
Illiterate	1,813	2,024	3,155			
Educational attainment[a]						
One year high school or more				949	986	1,586
Elementary 5 to 8 years				1,212	1,268	2,269
Less than 5 years elementary				1,243	1,385	2,293
Occupation of husband[a,b]						
White collar	1,550			1,216		
Blue collar	1,860			1,515		
Unemployed or not in labor force	1,948			1,908		
Marital Status Variables						
Marital status of married women[a]						
Other than married-once-spouse-present	1,290	1,729	2,392	1,034	1,154	1,542
Married-once-spouse-present	1,963	2,378	3,791	1,629	1,596	2,653
Duration of marriage[b]						
Less than 5 years	678	821	1,211		n.a.	
5 to 9 years	1,655	1,948	2,942			
10 to 14 years	2,690	3,058	4,597			
15 or more years	4,267	4,806	5,390			
Age at marriage[b]						
25 or over		n.a.		798	714	1,685
20 to 24				1,423	1,214	2,472
18 and 19				2,077	1,820	3,025

[a] These rates have been standardized for age using the age distribution of black women aged 15 to 44 in 1960 as a standard.

[b] These fertility rates refer only to women who were married-once-spouse-present.

Source: United States Bureau of the Census, SIXTEENTH CENSUS OF THE UNITED STATES: 1940 Population Differential Fertility: 1940 and 1910, Women by Number of Children Ever Born. Tables 80, 82, 86, 90, 112, and 118; Fertility by Duration of Marriage, Tables 32 and 34.

of jobs held by men, providing another indicator of social status.

Since 1880, censuses have asked about marital status and this gives some information about marital stability. In addition, certain censuses have asked about age at marriage or duration of marriage.

Except for those of 1920 and 1930, each of the decennial enumerations since 1890 has included a question asking ever-married women the number of children they had borne. Comprehensive tabulations of replies to this question have been made only for the Census of 1910 and the censuses since 1940. These tabulations, however, do indicate the fertility of women at different socioeconomic levels and in different marital status categories.

Table 1 presents a summary of some of the information analyzed for this paper. It shows fertility for women grouped by place of residence in 1910 and 1940, and by socioeconomic or marital status. For example, figures on the top panel of this table show the average number of children ever born by literacy of women in 1910 who lived in three areas of the country: the North and West, the urban South and the rural South. These data refer to black women in the age range 15 to 44 years. The average number of children born to women in this age group is sensitive to the distribution of women by age. If most of the women in one area are close to age 40, their average number of children will likely be much greater than in another area where most of the women are 20 years old. To surmount this problem, the data in Table 1 have been standardized for age using the age distribution of Negro women aged 15 to 44 in 1960 as the standard. These figures show the average number of children born to groups of women. How many of these children may have been born to a woman before or after she moved to the place at which she was enumerated in 1910 or 1940 cannot be determined.

The Influence of Socioeconomic and Marital Status Variables

The figures in Table 1 lead to four conclusions. First, socioeconomic differentials can be seen in the childbearing of urban black women. In 1910, the number of children ever borne by literate women in the North and West—1,362 children per 1,000 women—was much lower than the number of children born to illiterate women—1,813. In 1940, urban women who had some high school education had much lower fertility than women who had not gone beyond elementary school. In both 1910 and 1940, wives of white-collar workers had borne fewer children than had wives of blue-collar workers. This demonstrates that as early as 1910 socioeconomic differences existed in the fertility of black women in northern cities.

Second, the figures in Table 1 indicate that the lower overall fertility levels of urban areas were not simply the result of the socioeconomic characteristics of urban women. Controlling for socioeconomic characteristics revealed rural-urban fertility differences. In 1910, for instance, literate women in cities had borne far fewer children than had literate women in the rural South, and in 1940, women with some high school education in urban areas had fewer children than did similarly educated women in the rural South.

Third, within both urban and rural areas, marital status influenced fertility. In one set of tabulations shown in Table 1, women who had married were divided into two groups; those who were presently married to their first husbands and those who were in other marital categories. This latter category includes divorced and widowed women as well as some who were married to their second husbands. In both 1910 and 1940, women who lived with their first husbands had many more children than did women in other marital statuses.

The census inquiry about age at marriage or duration of marriage was altered between 1910 and 1940. Nevertheless at both dates, women who had married recently had fewer offspring than did women who had married many years before the census was taken.

Fourth, the figures in Table 1 demonstrate that the lower fertility of urban areas was not simply the result of the fact that a higher proportion of women in cities were in disrupted marriages or because they married later in life. Within each of the marital status and marital duration categories, urban women had substantially lower numbers of children ever born than did women in the rural South.

The lower fertility rates of urban areas, therefore, apparently cannot be attributed singularly to socioeconomic or marital status variables, although these factors played some role in keeping urban fertility rates at a low level. The low fertility of urban areas must be a consequence either of some combination of these variables or of other variables.

Health Conditions

It is extremely difficult to assess changes in the capability of couples to bear children for fecundity is not easily measured and only a few studies provide information about the prevalence of diseases that may affect fecundity. Despite this, many descriptions of childbearing trends among urban blacks before World War II mentioned that fecundity impairments were common. Thompson speculated that sterility was one reason why black women in cities were bearing so few children around 1920.[25] In 1933, Kiser studied fertility among Harlem blacks, discovered their fertility rates were low and suggested that health problems, particulary the venereal diseases, might explain this.[26] In 1935, the National Health Survey found that pregnancy wastage was common among urban blacks and suggested that this might be associated with the high prevalence of venereal diseases.[27]

During the late 1930's, when public health activities rapidly expanded, studies found that venereal disease afflicted many blacks. One summary of this literature concluded that during the 1930's 20 per cent of the adult black population had venereal diseases and that because of poverty and the absence of medical facilities, very few Negroes received any treatment.[28] Among the early recruits and draftees for World War II, about 27 per cent of the blacks had syphilitic infections.[29] Myrdal, in his classic study of American blacks, observed that in addition to the venereal diseases, many blacks suffered from such diseases as pneumonia, influenza, tuberculosis and pellagra.[30]

It is possible that the poor health conditions and prevalent venereal diseases produced the high rates of childlessness observed among black women in 1940. Shown below are the proportions of women childless, by age, for 1910 and 1940.[31]

	1910		1940	
	Ages 40 to 44	Ages 45 to 49	Ages 40 to 44	Ages 45 to 49
Total women	11%	9%	24%	22%
Women in the North and West	20	17	24	32
Women in the urban South	15	11	26	24
Women in the rural South	7	6	14	13

Between 1910 and 1940, childlessness increased and by the end of the Depression rates of childlessness were very high. Approximately one-third of the married women in cities who attained menopause around 1940 had borne no children. It is not known how many children these women wished to bear, but most studies have found that few married women intentionally remain childless. In addition, one major study of contraceptive use by black women during the 1930's involved 5,600 urban black women who bore a child in 1931 or 1932. This investigation found that five-sixths of the black women had never used any contraception and that the one-sixth who had used contraceptives were unsuccessful in spacing or preventing pregnancies.[32] This provides further support for the contention that the high rates of childlessness indicate the frequency with which health impairments limited Negro childbearing.

Factors Associated with Changes in Fertility : 1940 to 1960

Following the end of the Depression, the demographic characteristics of the black population changed in ways that one might expect would be associated with the persistence of low fertility or even further declines in childbearing. The proportion of blacks living in urban areas went up from 40 per cent in 1940, to 70 per cent in 1960.[33] However, as Figure 1 indicates, fertility rates within both urban and rural areas increased after 1940, and the magnitude of the changes in urban and rural areas seems similar.

Besides urbanization, the educational attainment of blacks improved. For example, the proportion of urban Negro women aged 25 to 44 who were high school graduates went up from 14 per cent in 1940, to 36 per cent in 1960. Within rural areas, the change in proportion who were high school graduates was from five per cent to 18 per cent.[34] Apparently, the economic condition of many blacks also improved. The median income of male nonwhite workers increased by a factor of seven between 1939 and 1960, while consumer prices doubled during the same period.[35]

Despite these changes, fertility rates did not fall; rather they increased. A further analysis of the data (figures not shown in this paper) indicates that both within cities and rural areas fertility went up among the poorly educated as well as among the extensively educated; among women married to white-collar workers as well as among women married to blue-collar workers. A general rise in fertility occurred that involved all areas and all social classes.

It is likely that these changes in fertility occurred in part because of improved health conditions. Beginning in the late 1930's many government agencies sought to eliminate contagious and dietary deficiency diseases. Large-scale programs for the control of venereal disease began in the late 1930's expanded during the 1940's and then became much more effective after penicillin treatment was perfected.[36] A trend toward the hospitalization of births also occurred and the proportion of nonwhite births occurring in hospitals went up from one-quarter in 1940, to 85 per cent in 1960.[37] Decreases in the death rate are indicative of the improved conditions. The age-standardized crude death rate dropped from 16 per 1,000 in 1940, to ten per 1,000 in 1960; the infant mortality rate fell from 74 to 43 dealths per 1,000 births; and the maternal mortality rate fell from 77 deaths per 10,000 live births to nine.[38]

CURRENT DIFFERENTIALS IN FERTILITY

One might speculate that with a general rise in fecundity, differentials in fertility, at least those not arising from differences in age at marriage or marital stability, might diminish. It is possible to study differentials in urban fertility in 1960 much more extensively than fertility differentials could be studied in 1910 or 1940. Tabulations from the Census of 1960 included a one-in-one-thousand sample of the population.[39] This source provided data for 97 variables for each of 180,000 individuals indicating their family status, their economic position and their geographic location. This permits an analyst to put together any tables he wishes or to study the independent effects of variables in any manner he chooses.

To describe differentials in fertility in 1960, ever-married black women 15 to 44 were considered. The sample included 2,706 of these women. For each woman, six variables were selected. These are listed below as well as the way they were scored to facilitate analysis.

1. Fertility: Fertility equals the total number of children the woman reported she had borne by the time of the Census of 1960.
2. Marital Stability: Each woman who had married only once and who lived with her husband in 1960 was scored one on this variable. All other women, that is, women who were not living with a husband or who had been married more than once, were scored zero on this variable. This distinguishes women who were in unbroken marriages from all other women.
3. Age at Marriage: Age at marriage is the woman's reported age at first marriage.
4. Educational Attainment: Each woman was given a score on this variable equal to the total number of school years she had completed.
5. Region of Birth: Each woman born outside the South was scored one on this variable; each woman born in the South received a score of zero. This distinguishes women born in the South from women born in other regions.

6. Geographic Location: In some parts of this study, women were grouped by place of residence in 1960; namely, those in the North and West, those in the urban South and those in the rural South.

The region of birth variable comes closest to measuring whether a woman came from an urban or rural background. Almost all the women who were born outside the South were born and, presumably, raised in cities. On the other hand, between two-thirds and three-fourths of the women born within the South were born in rural areas.

To study fertility trends among different groups of women, the Negro women 15 to 44 in 1960 were divided into three groups; those in the North and West, those in the urban South and those in the rural South. Table 2 shows the mean and standard deviation for each of the variables used in this study. Overall, about one-fifth of the women

TABLE 2. MEANS AND STANDARD DEVIATIONS OF VARIABLES USED IN ANALYSIS OF FERTILITY AMONG NEGRO WOMEN AGED 15 TO 44 IN 1960*

	Total Women	*Women in North and West*	*Women in Urban South*	*Women in Rural South*
Region of birth				
Mean (per cent born outside South)	.19	.38	.05	.02
Standard deviation	.39	.48	.21	.14
Years of schooling				
Mean	9.46 years	10.25	9.37 years	7.81 years
Standard deviation	3.10	2.59	3.25	3.20
Age at first marriage				
Mean	20.13 years	20.51	20.05 years	19.41 years
Standard deviation	4.50	4.58	4.47	4.25
Marital stability				
Mean (per cent living with first husband)	.60	.59	.57	.69
Standard deviation	.49	.49	.50	.46
Children ever born				
Mean	2.85	2.40	2.71	4.16
Standard deviation	2.67	2.28	2.49	3.26
Size of sample	2,706	1,190	1,001	515

* Text indicates how variables were scored.

Source: United States Bureau of the Census, CENSUSES OF POPULATION AND HOUSING: 1960, 1/1,000, 1/10,000, Two National Samples of the Population of the United States, Description and Technical Documentation. Certain data used in this paper were derived from a computer tape file furnished under a joint project sponsored by the United States Bureau of the Census and the Population Council and containing selected 1960 Census information from a 0.1 per cent sample of the population of the United States. Neither the Census Bureau nor the Population Council assumes any responsibility for the validity of any of the figures or the interpretations of the figures published herein based on this material.

were born outside the South; they completed an average of nine and one-half years of school; they married at about 20 years of age; approximately 60 per cent of them lived with their first husbands; and they had borne an average of just under three children. The regional and rural-urban differences are in the anticipated directions. Women living outside the South in 1960 completed the most years of school, married at the oldest ages and had the fewest children.

Table 3 presents information about the intercorrelations of these variables. When interpreting these coefficients, it must be kept in mind that marital stability and region of birth were scored as dummy variables. Women born outside the South were assigned a score of one on the region of birth variable and women in unbroken first marriages were scored one on the marital stability variable.

The correlation coefficients in Table 3 indicate that being born outside the South was linked to greater educational attainment. The regression coefficient for the total sample reveals that northern-born women completed an average of one and one-half more years of schooling than did southern-born women. A woman's age at first marriage was related both to her region of birth and her education. Women born outside the South and women who completed many years of school typically married at older ages. Marital stability was linked to a young lady's age at marriage and to her educational attainment, but Table 3 yields no convincing evidence that region of birth influenced marital stability. Fertility was related to each of the variables discussed. Northern-born women averaged fewer off-spring than did southern-born women; the regression coefficient for the total sample indicates a difference of more than three-quarters of a child. Increases in educational attainment and delays in marriage both had the effect of lowering fertility. Women who were in unbroken marriages had larger numbers of children than did women whose marriages had been interrupted, the average difference being about one-third of a child.

The coefficients for the women in the different areas suggest that, in general, the direction and magnitude of the effects of the variables are similar. In each area, being born outside the South, attending school for many years and marrying at an older age were negatively related to fertility; marital stability led to increases in childbearing.

Although the zero order coefficients are of interest, multiple regression models provide additional information about these variables, for their independent effects can be examined. Table 4 shows the coefficients that result from the regression of fertility upon the other

TABLE 3. ZERO ORDER CORRELATION AND REGRESSION COEFFICIENTS, VARIABLES USED IN ANALYSIS OF FERTILITY AMONG NEGRO WOMEN AGED 15 TO 44 IN 1960

	Correlation Coefficients				Regression Coefficients			
Independent Variables	*Years of Schooling*	*Age at Marriage*	*Marital Stability*	*Children Ever Born*	*Years of Schooling*	*Age at Marriage*	*Marital Stability*	*Children Ever Born*
Total women (N = 2,706)								
Region of birth	+.19	+.05	+.00	−.11	+1.54*	+.56*	+.00	−.78*
Years of schooling		+.11	+.09	−.22		+.16*	+.01*	−.19*
Age at marriage			+.11	−.21			+.01*	−.12*
Marital stability				+.07				+.37*
Women in North and West (N = 1,190)								
Region of birth	+.19	+.03	+.03	−.07	+1.00*	+.27	+.04	−.35*
Years of schooling		+.07	+.11	−.16		+.13*	+.02*	−.15*
Age at marriage			+.15	−.23			+.02*	−.11*
Marital stability				+.04				+.18
Women in urban South (N = 1,001)								
Region of birth	+.01	−.00	−.02	−.03	+.19*	−.08	−.04	−.32
Years of schooling		+.10	+.15	−.16		+.13*	+.02*	−.12
Age at marriage			+.12	−.18			+.01*	−.10*
Marital stability				+.04				+.21
Women in rural South (N = 515)								
Region of birth	+.06	+.01	−.05	−.05	+1.40	+.41	−.15	−1.10
Years of schooling		+.11	+.05	−.17		+.14*	+.01	−.18*
Age at marriage			−.00	−.18			−.00	−.13*
Marital stability				+.09				+.61

* Regression coefficients marked with asterisks are at least twice as large as their standard errors.

Source: See Table 2.

TABLE 4. COEFFICIENTS RESULTING FROM THE REGRESSION OF CHILDREN EVER BORN ON OTHER VARIABLES USED IN THE ANALYSIS OF FERTILITY AMONG NEGRO WOMEN AGED 15 TO 44 IN 1960

	Partial Correlation Coefficients	*Partial Correlation Coefficients Standard Form*
Total women		
Region of birth	−.46*	−.07
Years of schooling	−.17*	−.19
Age at marriage	−.12*	−.20
Marital stability	+.58*	+.11
R^2	.10	
Women in North and West		
Region of birth	−.20	−.04
Years of schooling	−.13*	−.15
Age at marriage	−.12*	−.23
Marital stability	+.42*	+.09
R^2	.08	
Women in urban South		
Region of birth	−.29	−.02
Years of schooling	−.12*	−.15
Age of marriage	−.10*	−.17
Marital stability	+.43*	+.09
R^2	.06	
Women in rural South		
Region of birth	−.73	−.03
Years of schooling	−.16*	−.16
Age at marriage	−.12*	−.16
Marital stability	+.65*	+.09
R^2	.06	

* Partial regression coefficients marked with an asterisk are at least twice as great as their standard errors.

Source: See Table 2.

variables considered in this analysis. This table contains partial regression coefficients in raw score as well as beta coefficients or standardized partial regression coefficients. Coefficients of determination are also indicated. They are not large, but they are similar to those reported in other research involving fertility as a dependent variable.

First, note the regression model for the total sample. The partial regression coefficients indicate that each of the independent variables had a significant effect upon fertility. Significant partial regression coefficients are those that are at least twice as great as their standard errors. These coefficents demonstrate that for each year marriage was delayed, fertility was reduced by about one-eighth of a child. Each year of additional education implied a reduction in fertility of approximately one-sixth child. More surprising, perhaps, are the large consequences that region of birth and marital stability had for family size.

Multiple regression models permit conclusions to be drawn that would be unwarranted if no more information were available than cross-tabulations such as those shown in Table 1. For instance, the partial regression coefficients in Table 4 indicate clearly that some socioeconomic differences in fertility cannot be attributed to variations in age at marriage or marital stability. After these variables were taken into account, educational attainment was negatively related to childbearing.

The effect of being in a stable marriage, apart from the effects of the other variables, was to increase fertility by an average of six-tenths of a child. Using this information and figures showing the distribution of women by marital status, it was estimated that the aggregate number of children born to black women aged 15 to 44 would be increased by ten per cent if all women were married once and had the fertility rates of women in stable marriages.

The coefficients in Table 4 show that coming from an urban background had an important effect upon fertility. This is not just because urban women went to school longer or because they married at older ages. Rather, being born outside the South had the independent consequence of reducing fertility by an average of one-half a child. A fuller exposition of this model indicated that being born outside the South, in addition to having a direct effect upon fertility, had a sizable effect through educational attainment. Northern-born women averaged about one and one-half more years of school than did women born in the South and this additional education reduced fertility.

The standardized partial regression coefficients allow the relative importance of the independent variables to be assessed. They suggest that, as used in this model, educational attainment and age at marriage were more important determinants of fertility than were region of birth or marital stability.

Table 2 indicated that substantial fertility differentials existed among the three areas of the country. Some, or perhaps all, of the areal differentiation may result from area differences in such things as the average years of school completed or average age at marriage. That is, hypothetically, the effects of the independent variables are identical in each area and fertility differences are the result of differences in the mean score of the independent variables in each area. Partial regression coefficients from the equations involving total women can be used with the mean scores of the independent variables for the individual areas to determine what fertility rate would be expected within each area were the hypothesis true. Shown below are the observed and expected fertility levels for each area.

	Observed	Expected	Difference
North and West	2.39	2.56	–.17
Urban South	2.71	2.91	–.20
Rural South	4.16	3.33	+.83

These figures indicate that some of the areal difference in fertility can be attributed to differences in the mean levels of the independent variables. Expected fertility was lowest outside the South and highest in the rural South. However, the figures also demonstrate that not all fertility variation can be attributed to this cause. Observed fertility outside the South was actually lower than would be expected were the variables to have the same effect in each area; within the rural South observed fertility was really much higher than expected. This suggests that either the independent variables have different effects in the three areas or that areal differences affect the way other variables influence fertility.

To investigate these possibilities, multiple regression models were developed for women within the three different areas. The results are shown in Table 4. An examination of the partial regression coefficients indicates the independent variables had quite similar effects in each of the areas. Increase in educational attainment and delays in the timing of marriage reduced fertility, whereas marital stability led to higher fertility in each area. It can be concluded that the direction of the effects of these variables is the same in each area; however, some areal variation was seen in the magnitude of their effects.

This analysis has not completely explained why fertility rates in 1960 were lower in cities than in rural areas. It has demonstrated that socioeconomic and marital status factors had independent effects upon fertility within both urban and rural areas. Further investigations of such topics as contraceptive use, fecundity differences and the selective migration of low-fertility women to cities are needed to account for the rural-urban differences in fertility.

SUMMARY AND CONCLUSIONS

Black fertility rates in cities were at a low level 60 years ago, whereas the rates in rural areas were quite high. The socioeconomic characteristics of urban women and their more frequent marital disruptions help to explain why urban fertility rates were lower than were rural. Poor health conditions, however, were an additional and very important reason for the low fertility in cities. Prior to the mid-1930's, public health activities were modest in scope and little was done to control venereal disease. Descriptions of the life style of blacks in farm areas suggest that for some decades prior to 1940, rural blacks were becoming more impoverished as crops failed and farm prices fell.[40] These lower standards of living and the spread of disease helped to reduce rural fertility rates although they always exceeded urban birth rates by a wide margin.

The available evidence indicates that before World War II relatively few black women used birth control. In spite of this, growth rates were moderate and many women reached menopause with no children or with only a few children. This was particularly true of the Negro women who lived in cities. After World War II this changed and black women who did not use birth control undoubtedly found themselves bearing many children. The black women who were born in the early 1930's may complete their fertility with as many children as the women born during Reconstruction.

The transition to controlled fertility and to lower fertility rates among blacks has been occurring for some time, but this transition has been accelerated in the past decade. The analysis of data from the Census of 1960 showed that educational attainment and coming from an urban background both had substantial independent consequences for fertility. This suggests that well-educated urban black women were among the first to effectively limit their family size. The Growth of American Families study, a survey that included a sample of 270 nonwhite couples in 1960, provided further support for this view. A very large proportion of the nonwhite women in the North and women with a college education had used contraception, but less than half of the women on farms or with no more than an elementary education had used birth control. Nonwhite women who had a high school education and who were not from a rural background had fertility rates and expectations similar to those of white women, but nonwhite women from a rural background or with a grade school education expected to have many more children than comparable white women.[41]

Between 1959 and 1967, the general fertility rate for nonwhites and each of the age-specific fertility rates, declined by about 30 per cent.[42] This is an indication of the fertility transition that is now occurring. It is likely that these fertility rates will continue to fall. Surveys such as the 1960 Growth of American Families study and the 1965 National Fertility study have discovered that nonwhite women desire to bear no more children than do white women.[43] In fact, black women apparently desire smaller families than do white women. The control of fertility will be fostered by demographic and social changes occurring within the black population. First of all, educational attainment has increased. The cohorts of blacks born 1938 to 1942 are the first in which a majority will obtain a complete high school education[44] and the school enrollment of teen-age blacks has continued to rise throughout the 1960's.[45] Second, urbanization of the black population has continued[46] and, because of the urbanization that followed World War II, a greater proportion of the women who begin their childbearing in the future will come from an urban background. Third, the development of new and apparently more effective contraceptives such as oral contraceptives and the intrauterine device is likely to lead to the more accurate control of childbearing. Although the oral contraceptives had been on the market for only five years, one-fifth of the black respondents contacted by the 1965 National Fertility study reported having used this method of birth control.[47] It is reasonable to presume that these changes will lead to lower fertility rates and slower growth of the black population.

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DISCUSSION

Dr. Paul R. Williams: My comments on Dr. Farley's paper will be quite brief, and hopefully will leave room for much discussion.

First, of course, I found the paper to be very interesting and informative. Negro fertility rates for the past 50 years are clearly indicated. The differences between urban and rural rates are also quite clear, and it is evident that some of these differences have persisted over time, although there have been many other changes which might have caused them to diminish.

What is not made so clear in Dr. Farley's analysis is how the demonstrated trends in Negro fertility compare with the overall trends for the United States during the same period.

This is an especially important consideration because, as has been pointed out on several occasions here, when discussing various characteristics of the black community, we need to know whether we are dealing with some general phenomenon that has a slightly different set of parameters, or whether we are dealing with an entirely different set of phenomena. In this connection, it is very important to specify what the general trends in fertility were over the period in consideration, and then to determine the extent to which black fertility followed or deviated from the trends.

A second question that is closely related to the one raised above is the nature of the absolute differences between the black and white segments of the population during the past 50 years. If Dr. Farley's analysis is correct, particularly where he corrects for underenumeration of the black female population, the absolute differences in fertility might not have been so great as is ordinarily assumed.

If we can assume that the estimates of white fertility as contained in various official publications are more or less correct, a comparison of those with Dr. Farley's estimates for the nonwhite population over the 50 years in question indicates that differences have been quite minimal. A plotting of the "official" fertility rates for the white population on Figure 1 for the years 1920 through 1950 supports the above contention. Differences were quite minimal, and in fact, in one period, around 1920, white fertility actually exceeded the estimate for nonwhites.

A third question that might be raised is, what accounts for the trends that are observed? If there are white-nonwhite differences in trends, what accounts for these? Are there systematic "lags" in changes in black fertility?

It is interesting to note that the greatest upsurge in black fertility during the period studied occurred at a time when blacks were becoming more urban. Why did this happen? Was urbanization itself somehow contributing to the rise in fertility? Perhaps not, inasmuch as it is clear that both urban and rural fertility were increasing. However, it would be interesting to determine the extent to which the rise in urban rates was simply a displacement of the high rural pattern to urban areas.

Finally, in his effort to explain the differences that are observed in rural and urban fertility, Dr. Farley examined several variables, including marital stability and region of birth. He demonstrates the importance of the latter. A woman's fertility is clearly influenced by whether she was born in the South.

The above seems to highlight an additional problem. Precisely what do we mean when we speak of "urban" or "urbanization?" Is it simply the movement from a rural area to a city, or is some more elaborate process involved? If we think of urbanization as involving some sort of alteration in attitudes and values, as suggested by Dr. Farley, then it becomes clear that urbanization does make a greater difference in fertility than some of the trend lines would suggest.

To summarize, more comparative data are needed. Much more needs to be said about differences in black-white trends. Finally we need to know more about how much of the recent upward trend in urban fertility was simply a movement of high-level rural fertility into urban areas, and how much is explained by factors not yet explored.

Dr. Ryder: I cannot find compelling the argument about future trends in Negro fertility if that argument is based largely on what has happened to black fertility over the past six or eight years. Precisely the same thing has been happening to white fertility over the same period.

With regard to the regression analysis, the coefficient of determination is very low. Also, with regard to the regression analysis, I am bothered by the use of region of birth as a variable in parallel with the other kinds of variables that Dr. Farley was talking about. It seems to me that although region of birth may, in a technical or statistical sense, turn out with high values, it has the unsatisfying quality of being a very mysterious black box, and it represents not much more than a challenge to us. It is not really an explanation.

Dr. Karl Taeuber: I wonder why age is not included in the regression analysis. Fertility is indeed related to age at first marriage, years of schooling and so forth, each of which is also related to age. Its absence may confound some of the apparent findings.

Dr. Hauser: I have two or three kinds of questions but I am not sure Dr. Reynolds has the data to answer them. If one looks at the total fertility picture to which Dr. Ryder has contributed a good deal, we know at the present time that the proportion of women who do most of our childbearing, those 20 to 29 years of age, is increasing by 35 per cent in the eight years 1968–1975. We know that for several months in a row, in the most recent data, the number of births in the preceding 12 months has exceeded that for the same 12 months of the previous year. These situations suggest that we may be right at the forefront of the second post-war baby boom as an echo effect of the first. This is the total fertility picture. We know, also, on the basis of Dr. Ryder's analysis of the data, that much of the decline since 1957 has been the result of tempo rather than of quantity. Therefore, it seems to me that until Dr. Farley has similar kinds of data analyzed for the black population, he is on very tenuous grounds in making any kind of projections about the future course of black fertility.

Dr. Liebow: In regard to the fertility rates for the next ten years, I wonder whether something of the magnitude of Vietnam has an effect. Two million men were out of the country at any one time during this past year. Would this make any difference at all?

Dr. Hauser: Dr. Ryder has just said no, but I would like to differ in this respect: it is contributing to raising the age of marriage, which would definitely make a difference in the fertility of the total population, indirectly if not directly.

Dr. Notestein: We are aware that venereal disease is supposed to reduce fertility, but we do not have actual evidence that it was responsible for the previously low fertility of urban Negroes.

Dr. Edwards: I have been trying to find statistics on the subject. One study I found suggested that 15 per cent of the Negro women were childless because of disease. There are no hard data to back that up, and I wonder if the wrong inference has been made.

Chairman Kiser: It is true that the evidence for the responsibility of venereal disease for the high proportions childless among urban Negroes 30 years ago is largely circumstantial. However, I believe the circumstantial evidence is rather strong. Thirty years ago the prevalence of venereal disease among nonwhites was relatively high especially in cities. The clean-up of venereal infection during the early 1940's was followed by marked reductions in childlessness among young nonwhite married women. This was also the period of the baby boom, but declines in childlessness and increases in fertility were more marked for young nonwhites than for whites.[1] As Dr. Farley has indicated there is little likelihood that contraceptive practice was a factor in the excessive childlessness of urban nonwhites 30 years ago. Although there is no large inductive study of the effect of venereal disease on fertility there have been small studies and numerous expressions of medical opinion.

Dr. Irene Taeuber: If you go through on a cohort analysis on fertility in the metropolitan areas of the North, something like 25 to 30 and in some cases even 35 per cent of the nonwhites reported having "no liveborn children."

If you run these cohorts through for children ever born per thousand total women, per thousand ever married women and per thousand mothers, the differences are reduced to an extraordinary extent. That is, whatever its influence, it had its major impact not on childbearing but on childlessness.

There were continuing increases in percentages single and percentages of the ever married without children in the birth cohorts from the earlier part of the nineteenth century to the cohort completing reproduction in 1960. The percentage of women who had never participated in reproduction was very high. The per cent of the women aged 45 to 49 who had never borne a child—i.e., the single plus the ever-married childless—was 24.5 for the white population and 34.0 for the nonwhite in New England. Comparable percentages were 24.6 and 37.8 in the Middle Atlantic States, 22.4 and 35.3 in the East North Central States, 16.8 and 23.0 in the South Atlantic States, and 19.6 and 26.8 in the East South Central States.

If births are related to women who were or had been married, the differences between whites and nonwhites were greatest for all ever-married women, far less for mothers. The major factor in the high nonparticipation in reproduction was the childlessness of the married. This was far more prevalent among the nonwhites than the whites outside the South. In the divisions of the South, the prevalence was greater among the nonwhites though the extent of the differences was less.

Dr. Karl Taeuber: I wonder if Dr. Farley can comment on the fact that many of the fertility differentials we know work in reverse direction from what one would expect from his health hypothesis. Highly educated Negro women, for instance, had very high rates of childlessness, but this is hardly attributable to malnutrition or venereal disease. Perhaps the answer is that the total number of Negro women at any socioeconomic level above the minimum was so small that these differentials are irrelevant to the main hypothesis. But I am bothered by the need to discount the importance of differentials that contradict his hypothesis, particularly because of the paucity of direct evidence for it.

Chairman Kiser: In the case of the nonwhite college women there are other relevant factors. In our article on this subject Myrna Frank and I mentioned the somewhat later marriages and more marital instability and broken marriages among the nonwhite than among white ever-married women of college attainment.[2] There were also appreciably higher proportions of nonwhite than of white married women in the labor force. Interestingly, among the professional employed ever-married women, the proportion of school teachers was higher for nonwhites than for whites and the nonwhite school teachers were conspicuous for their low fertility in 1960. Finally, the inappropriateness of the venereal disease hypothesis would seem to be evident for the women of college status because at lower educational levels the fertility of nonwhites surpasses that of whites and the excess is largest at the lowest educational levels.

Dr. Price: Is not the critical question here whether the lower fertility of the college-educated Negro female is the result of childlessness or smaller size families?

Chairman Kiser: The proportion of childlessness tends to be higher among nonwhite than among white women of college status 25 years of age and over. However, childlessness does not completely account for the relatively low fertility of nonwhite as compared with white women of college attainment. For instance, for ever-married women 25–29 years old reporting four years of college, the 1960 Census indicated not only lower fertility and higher proportions childless among nonwhites than whites but also lower fertility of *mothers* among the nonwhites than whites.

Dr. Hauser: I would like to ask Dr. Farley whether he has been able to include the proportion of women in the labor force as one of his variables. I remember a study of differentials in the Chicago area in 1930, in terms of social and economic groupings based on Census tract materials, that found that the age-specific birth rate of black females was below that of the white in every age group except under

20. We argued that the explanation might be largely a health matter and, also, the result of the two-to-one relation of the proportion of black females to white females employed in the labor force. It would seem to me that to trace what has happened to black fertility since 1930 in the urban setting would definitely require information on this very significant trend of employment in the labor force.

Dr. Beasley: I would just like to allude to some data on the gonorrhea question. Recently we have been working with the Public Health Service to try to determine the percentage of women who actually do have gonorrhea.

As you know, gonorrhea in a female is a disease that frequently has, or may have, dire complications for her in relation to fertility as well as health.

The problem in determining the prevalence of the disease has been that there have not been adequate culture media to grow the bacteria. A new culture medium has been developed at the Communicable Disease Center of the United States Public Health Service, and we are using that culture medium to estimate the percentage of women with gonorrhea.

On a preliminary basis it would appear to be quite high, somewhere in the area of eight or ten per cent. If this is the case and the medium is a valid medium in terms of diagnosis, I think this could be a quite important factor.

Relative to fertility, what compounds the problem is that it is difficult to determine the pathology of scarring that occurs from gonorrhea in a patient or when the pathology in the pelvis, because of the changes brought about by chronic gonorrhea infection, causes her to move from a fertile to a subfecund to an infertile state. If this incidence can be determined, that would be one step in the right direction.

Dr. Farley: I can comment about some of the questions that have been raised. First, let me comment about the similarity of fertility trends among Negroes and whites. It was during the 1920's and 1930's when the age-specific fertility rates of the two racial groups were most nearly equal. On a cohort basis, the women born 1910 to 1915 were the ones who completed their childbearing with the most nearly equal number of children. In general, black fertility rates have moved in the same direction as white fertility rates, although the magnitudes of the changes have not been the same. For instance, after the end of the depression Negro fertility rates increased more rapidly than white fertility rates giving rise to a larger racial difference in fertility. In the past ten years, black fertility rates have fallen a bit more slowly than white fertility rates meaning that the racial difference has persisted or even grown larger.

In discussing white fertility rates, we should bear in mind that there were important differences by nativity as well as the rural-urban differences. We know, for instance, that the native-white women of New England had low fertility rates by the 1880's. Declines in the fertility of foreign-born women and declines in rural fertility played a very important role in the pre-depression drop in white fertility rates.

Second, I would agree that we must be very careful when we talk about urbanization. This idea may have different meanings to different people. In this paper I have used region of birth as an index of whether or not an individual came from an urban background. Most adult blacks who were born in the North presumably were born and raised in cities, whereas most adult blacks who were born in the South came from a rural background. I have attempted to measure the effects of region of birth for education, age at marriage and fertility. For instance, coming from a southern background handicaps a black in that southern-born blacks complete on the average about 1.5 fewer years of school than do northern-born blacks. Southern background also has a substantial impact upon fertility as I have indicated in the paper. I believe this is one example of how we can put into operation ideas related to urbanization and measure their effects.

A third question concerned the future trends in black fertility. As I indicated, the fertility surveys find that most black women intend to have moderate or small sized families. Working with Professor Freedman leads me to have faith in fertility expectations. When women say that they are going to have few children, I think maybe they are giving us an indication of how they are going to act. Consequently I think we will see a continued decrease in the fertility rates of blacks in the near future.

A fourth question concerned my explanation for the low fertility of blacks before 1940. My explanation developed as a residual kind of explanation. I examined all the variables that might be used to explain low fertility rates and found that they could not explain the observed rates. However, there were a few field studies that did find very high rates of disease among blacks. Many diseases were reported, not just the venereal diseases. Pellagra was common as was tuberculosis and other diseases that may have had some impact upon general health levels and the ability of women to bear children. I might add that Romaniuk has studied fertility among the Congolese population and has come to the conclusion that disease, particularly gonorrhea, is responsible for the high rates of sterility and low rates of fertility.

Finally, a suggestion was made by Professor Hauser that I examine the consequences of labor force participation of black women. I do indeed have statistics showing that women who are in the labor force have fewer children than women who are not working. However, I really do not know how to draw any sound conclusions from them. I cannot determine whether the women are working because they have few children or whether they are having few children so that they can work. Labor force participation is a variable that is difficult to incorporate into any model of fertility.

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CONTRACEPTIVE PRACTICE AMONG URBAN BLACKS IN THE UNITED STATES, 1965

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AND

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This paper is a report on the practice of contraception and family planning among the urban black population of the United States, with special emphasis on their use of newer methods. In the comparative sense, of course, description of blacks implies description of whites and, although the focus is the urban situation, this in turn implies comparisons with populations in other types of community. Accordingly, this report contains data for components of the entire population (except for nonwhites other than blacks) and not only for urban blacks.

The data come from the 1965 National Fertility Study,[1] a multipurpose survey of fertility and contraception based on interviews with women in a probability sample of currently married couples throughout the United States. The information in this particular report is confined to women who were less than 45 years of age in mid-1965. One relevant feature of the 1965 study design in the present context is that blacks were double-sampled to provide adequate numbers for analysis.

The strategy of the analysis is to compare the contraceptive practice of urban blacks with that of both urban whites and rural blacks. Where feasible and desirable certain controls have been imposed to evaluate the effects of some obvious factors such as age and fecundity and to permit generalizations about subpopulations of particular interest such as residents of the South, couples close to the poverty line and wives who did not complete high school.

THE RESIDENCE CLASSIFICATION

Most classification systems are to some extent arbitrary; the present classification of the size of place of residence is no exception. The first concern was to identify residents of the large city proper, where most of the urban blacks live; this was defined as residence in central cities with populations of at least 150,000 persons. The classification at the other end of the scale was also fairly straightforward; persons living in rural nonfarm and farm places were grouped together in a "rural area" category. As usual with such classifications, the intermediate areas (distinguished here as the suburbs of the larger cities, and the smaller cities and towns) are responsible for the difficulty.

Blacks and whites are differently distributed on the urban-rural continuum. The largest residential category for blacks (52 per cent in large cities) is the smallest (16 per cent) for whites; the smallest residential category for blacks (11 per cent in suburbs) is the largest (39 per cent) for whites (Table 1). This may be the outcome of an evolving redistribution of the black population, which has lagged behind that for the white; it probably also reflects the consequences of residential discrimination by whites.

Furthermore, the categories themselves carry different meanings. The black sample outside the South, unlike the white, is concentrated in large cities. Aside from the large city category, the majority of blacks are from the South. Also, the residence categories (Table 2) show that 76 per cent of blacks in the large city (but 54 per cent in the suburban areas, 58 per cent in other urban and 28 per cent in rural areas) have husbands with incomes of at least $4,000. Educational achievement shows similar disjunctures. The proportion of wives who have completed high school is highest in the suburbs, although

TABLE I. DISTRIBUTION BY RESIDENCE, WHITE AND BLACK, FOR REGION, WIFE'S EDUCATION AND HUSBAND'S INCOME

			Region				Education of Wife				Income of Husband			
	Total		Non-South		South		H.S.4 or More		Less than H.S.4		$4,000 or More		Less than $4,000	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Large city	16	52	17	78	15	38	16	68	16	41	17	65	11	33
Suburban	39	11	45	8	26	13	43	8	32	13	42	9	18	13
Other urban	22	17	20	13	28	20	22	17	24	17	22	16	27	18
Rural	22	20	18	2	32	30	19	7	28	29	19	9	44	36
Per cent total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Number of couples	3,762	969	2,664	359	1,098	610	2,519	413	1,242	555	3,308	590	454	379

TABLE 2. COUPLES LIVING IN THE SOUTH, WIVES WITH AT LEAST FOUR YEARS HIGH SCHOOL AND HUSBANDS WITH AT LEAST $4,000 ANNUAL INCOME

Residence	*Per cent Southern*		*Per cent H.S.4 or More*		*Per cent $4,000 or More*		*Number of Couples*	
	W	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Total	29	63	67	43	88	61	3762	969
Large city	26	45	67	55	92	76	617	508
Suburban	19	74	73	32	94	54	1475	104
Other urban	36	73	65	42	86	58	844	164
Rural	42	96	58	16	76	28	826	193

not much different from that for other urban whites. In contrast, the proportion of black wives who have completed high school is scaled down strongly from highest in large cities through other urban and suburban down to lowest in rural areas. Yet the highest proportion for the blacks (55 per cent in large cities) is lower than the lowest proportion for the whites (58 per cent in rural areas). Finally, it is not assured that the educational import of high school completion is the same for black as for white. It is apparent from more detailed breakdowns that the mean number of years of schooling represented by each category in the educational distribution is higher for whites.

This type of noncomparability in the classification system is a serious problem in the analysis and one that should be continually kept in mind when reading the tables. The tables compare blacks and whites in four residential categories: large cities, suburbs of large cities, smaller cities and rural areas. However comparable such categories may appear, an equally attractive alternative may be found. For example, comparing large city blacks with suburban whites as with large city whites in terms of relative social and economic development. The large central city is currently the apex of modernization for the black population whereas the suburb occupies that status for the white population. The suburban black, on the other hand, is much closer in many characteristics to his rural than to his urban cousin. Some of these difficulties in comparisons are, of course, alleviated by the use of a control in the comparisons such as education.

USE OF CONTRACEPTION

The first variable to be examined is whether contraception has ever been used at any time, a variable that is dependent on such factors as duration of marriage, fecundity and number of children desired.

This crude measure of contraceptive behavior ignores duration of use, current as against past practice, reasons for nonuse and methods used. Despite these reservations, an important basic distinction is whether a couple has *ever* used contraception.

As Table 3 shows, very little difference was found between large city blacks and whites in the proportions who have ever used contraception (78 per cent of the blacks and 80 per cent of the whites are so classified), and only a somewhat greater race difference was found in smaller cities and towns (73 and 80 per cent, respectively, have used contraception). In the suburban and rural categories, however, rather wide differences appear.

If the experience of the younger population—women less than 30 years of age—can be regarded as a harbinger of the future, the urban blacks have actually used contraception to a greater extent than the whites, equalling or exceeding the practice of even the suburban white. Thus the source of the greater use by whites among all women under age 45 clearly reflects the behavior of the older generation.

The percentages having used contraception run much higher, of course, among fecund than among all couples, reaching as high as 97 per cent (among older urban white women) and reaching a low of only 73 per cent (among younger rural black women), which indicates how nearly universal contraception has become in this country for couples who may need it.

The remaining tiers of Table 3 show the proportions having used contraception among several groups of special interest. The southern region was singled out because most of the black population resides in that region. The race differences in contraceptive usage in the South tend to be somewhat greater in the large cities; in these cities, even among younger women, the blacks in the South have used contraception to a lesser extent than have the whites. Use of contraception among young large-city black couples outside the South is strikingly high—higher even than for whites in the same category. (In fact, the proportion reaches 96 per cent for young black women in the large cities of the Northeast.) In the other residential categories the picture for the South is essentially that for the nation, because the South predominates numerically.

Among women with at least a high school education, the race difference in the extent contraception is used virtually disappears except in the rural areas; among women with less education, the pattern of differences observed for the total sample remains the same. Evidently

TABLE 3. PER CENT OF COUPLES WHO HAVE EVER USED CONTRACEPTION, FOR REGION, WIFE'S EDUCATION AND HUSBAND'S INCOME, BY RESIDENCE, COLOR AND AGE

							Education of Wife				*Income of Husband*			
			Region				*H.S.4*		*Less than*		*$4,000*		*Less than*	
	Total		*Non-South*		*South*		*or More*		*H.S.4*		*or More*		*$4,000*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	82	73	83	78	80	70	86	84	75	65	83	77	73	66
Large city	80	78	78	79	86	77	84	85	74	70	80	79	75	75
Suburban	86	63	86	80	85	57	89	85	79	52	87	74	76	50
Other urban	80	73	81	76	78	72	86	86	69	64	82	70	70	77
Rural	79	64	82	*	75	64	83	67	74	63	81	77	72	59
Under 30 total	85	84	85	92	85	79	87	89	80	78	86	88	81	77
Large city	83	87	79	92	91	81	84	90	76	82	81	88	91	84
Suburban	85	77	88	*	84	73	90	*	79	70	87	90	86	*
Other urban	87	91	85	89	85	92	87	92	80	91	86	86	81	100
Rural	82	68	84	*	82	67	83	*	83	67	86	80	76	63
30–44 total	81	64	83	66	77	63	87	77	72	57	83	68	62	59
Large city	79	69	78	66	82	73	84	78	72	61	81	70	*	66
Suburban	86	68	86	*	86	49	89	81	80	44	87	64	66	45
Other urban	77	63	79	63	74	59	86	79	62	50	80	58	55	63
Rural	77	62	81	*	70	62	83	*	69	62	79	78	68	56

* Fewer than 20 cases.

TABLE 3A. BASE NUMBERS FOR TABLE 3

							Education of Wife				*Income of Husband*			
			Region				*H.S.4*		*Less than*		*$4,000*		*Less than*	
	Total		*Non-South*		*South*		*or More*		*H.S.4*		*or More*		*$4,000*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	3,762	969	2,664	359	1,098	610	2,519	413	1,242	555	3,308	590	454	379
Large city	617	508	457	279	160	229	415	281	202	227	566	384	51	124
Suburban	1,475	104	1,190	27	285	77	1,079	33	395	71	1,394	56	81	48
Other urban	844	164	542	45	302	119	546	69	298	95	722	95	122	69
Rural	826	193	475	8	351	185	479	30	347	162	626	55	200	138
Under 30 total	1,442	440	1,002	175	440	265	973	223	469	216	1,197	284	245	156
Large city	277	260	213	139	64	121	192	160	85	100	244	198	33	62
Suburban	500	35	398	9	102	26	369	12	131	23	457	20	43	15
Other urban	344	69	224	21	120	48	223	36	121	33	275	43	69	26
Rural	321	76	167	6	154	70	189	15	132	60	221	23	100	53
30–44 total	2,320	529	1,662	184	658	345	1,546	190	773	339	2,111	306	209	223
Large city	340	248	244	140	96	108	223	121	117	127	322	186	18	62
Suburban	975	69	792	18	183	51	710	21	264	48	937	36	38	33
Other urban	500	95	318	24	182	71	323	33	177	62	447	52	53	43
Rural	505	117	308	2	197	115	290	15	215	102	405	32	100	85

the variance in amount of education above the high school graduation level is less important in determining contraceptive practice than is the variance below.

The final tier of Table 3 was prepared to examine the race difference among couples classified as close to the poverty line. Because sample size does not permit subdivisions by race, residence and age for couples with husband earning under $3,000—the usual rule of thumb demarcation—the distribution was divided at "under $4,000." Although this level does not correspond precisely with the federal government's definition of poverty, it comes close.

The proportions who have ever used contraception tend to run lower among the poor of both races in all residential categories. In both the large and small cities the black and white poor are similar in the proportions having practiced contraception; in the suburban and rural areas poverty seems to depress the proportion much more among blacks than whites.

The older blacks show much lower proportions ever-used in both South and non-South, but the younger blacks, although lower in the South, are actually higher outside the South. This holds across all residence categories where the subsample sizes are adequate. In general, the blacks show higher proportions than the whites among the younger population in large cities (outside the South and the low income category) and in "other urban" areas. The largest differences are for older women in the "suburban" category, presumably because of the speical meaning of black suburban (mostly in the South).

Current Use

Although whether a couple has *ever* used contraception is an important attribute in its own right, it lacks many desirable characteristics of good measurement. For example, it does not reflect a couple's current status and, perhaps more fundamentally, it does not reflect exclusively the idea of the probability of use by couples who feel they need it. For example, some couples will have discovered subfecundity before adopting contraception; had this condition not developed they would have used some method and been classified differently. These are just some of the problems with this measure, but they can be remedied.

Table 4 presents a tabulation with a more refined measure of contraceptive use. It is defined as the per cent of couples *currently at risk* of conception who are not using contraception. The term "at risk"

TABLE 4. PER CENT OF COUPLES AT RISK OF CONCEPTION CURRENTLY NOT USING CONTRACEPTION, FOR REGION, EDUCATION OF WIFE AND INCOME OF HUSBAND, BY RESIDENCE, COLOR AND AGE

							Education of Wife				*Income of Husband*			
			Region				*H.S.4*		*Less than*		*$4,000*		*Less than*	
	Total		*Non-South*		*South*		*or More*		*H.S.4*		*or More*		*$4,000*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	5	13	5	9	5	15	4	7	8	18	4	10	10	18
Large city	5	9	5	8	5	9	4	6	8	12	4	7	7	13
Suburban	4	17	4	*	4	20	3	4	9	27	4	9	9	30
Other urban	5	12	5	12	6	12	4	7	7	17	4	16	11	8
Rural	5	24	6	*	5	24	4	*	7	24	4	21	11	26
Under 30 total	6	11	6	5	5	15	5	7	8	16	5	7	8	18
Large city	4	6	5	3	0	9	3	5	6	7	4	5	4	8
Suburban	6	19	6	*	5	*	4	*	10	*	5	*	11	*
Other urban	7	10	7	*	7	12	6	8	10	13	7	11	9	9
Rural	6	25	7	*	5	25	5	*	7	27	5	*	8	27
30–44 total	4	15	4	14	5	15	3	7	7	20	4	13	13	18
Large city	5	12	4	14	9	9	4	8	8	17	5	10	*	18
Suburban	3	16	3	*	4	20	3	*	5	*	3	14	*	*
Other urban	4	15	3	*	5	13	2	*	8	21	3	23	*	*
Rural	5	22	5	*	5	22	2	*	10	20	3	*	15	24

* Fewer than 20 cases.

TABLE 4A. BASE NUMBERS FOR TABLE 4

							Education of Wife				*Income of Husband*			
			Region				*H.S.4*		*Less than*		*$4,000*		*Less than*	
	Total		*Non-South*		*South*		*or More*		*H.S.4*		*or More*		*$4,000*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	2,263	537	1,643	219	620	318	1,599	266	663	270	1,958	343	243	187
Large city	369	302	282	172	87	130	253	188	116	114	332	236	30	63
Suburban	938	53	756	18	182	35	720	23	217	30	856	33	45	20
Other urban	468	89	314	25	154	64	327	42	141	47	399	50	62	38
Rural	488	93	291	4	197	89	299	13	189	79	371	24	106	66
Under 30 total	920	286	642	118	278	168	637	158	283	127	753	183	154	99
Large city	178	168	137	93	41	75	127	113	51	55	152	130	23	36
Suburban	317	21	254	6	63	15	241	9	76	12	284	12	28	9
Other urban	211	49	140	15	71	34	141	26	70	23	163	28	44	21
Rural	214	48	111	4	103	44	127	10	86	37	154	13	59	33
30–44 Total	1,343	251	1,001	101	342	150	962	108	380	143	1,205	160	89	88
Large city	191	134	145	79	46	55	126	75	65	59	180	106	7	27
Suburban	621	32	502	12	119	20	479	14	141	18	572	21	17	11
Other urban	257	40	174	10	83	30	186	16	71	24	236	22	18	17
Rural	274	45	180	—	94	45	171	3	103	42	217	11	47	33

means either that the couple is using a method (and therefore presumably at risk) or that they are not using any contraception despite the fact that they are not pregnant, in the postpartum, subfecund or trying to become pregnant. These latter are couples who are at least temporarily out of the market for contraception. The numerator includes couples who are simply taking chances, those who are in varying degrees indifferent or casual about the possibility of a pregnancy and those who are ignorant about contraception.

The patterns of association in Table 4 are similar to those observed in Table 3 with few exceptions. Whereas contraceptive practice measured in terms of "ever used" was greater among young city blacks than whites, the refined measure of current practice shows blacks with higher proportions than whites risking conception by not using, at all ages and types of community. It is nevertheless true that the race difference is smallest in the urban areas and disappears and possibly reverses among young women in large cities outside of the South. The widening of the race difference in the less-populated areas is the result of the direct association between size of place of residence and contraceptive practice among the blacks; among whites no association is seen at all. Curiously enough, the various controls imposed—residence in the South, wife's education and husband's income—do not erase, although they do modify, the race difference. The discrepancies between the measure for blacks and whites respectively are smaller for the large city than for other residential categories, smaller for younger women, those outside the South, those with at least high school graduation and those whose husbands have at least $4,000 income.

Types of Current Exposure

Thus far discussion has centered on whether a couple has ever used or is currently using contraception. Table 5 shows the race, residence and age categories by the type of exposure to the risk of conception. The two basic types of noncontraceptive and contraceptive exposure are divided further into subtypes: women not currently using contraception are classified as subfecund (accounting for the large majority of such exposure among all women) and fecund women either simply not using a method, trying to get pregnant, already pregnant or in the postpartum; couples using contraception are classified according to the method they are currently relying upon.

Concentrating first on the large-city black compared with the large-city white distribution of current exposure, only a few noteworthy

TABLE 5. TYPES OF CURRENT EXPOSURE TO CONCEPTION BY RESIDENCE, COLOR AND AGE OF WIFE

	White					*Black*				
Current Practice	*Total*	*Large City*	*Suburban*	*Other Urban*	*Rural*	*Total*	*Large City*	*Suburban*	*Other Urban*	*Rural*
					Under 45					
Using no method										
Subtotal	43	43	39	47	44	52	46	58	52	63
Subfecund	28	27	26	31	31	30	24	36	35	36
Fecund nonuser	3	3	3	3	3	7	5	9	7	11
Fecund, trying to get pregnant	2	3	2	3	2	3	4	1	3	4
Pregnant	8	8	7	9	6	8	9	10	6	8
Postpartum	1	2	1	1	1	3	3	2	2	4
Using contraception										
Subtotal	57	57	61	52	56	48	54	42	48	37
Pill	16	14	16	17	14	12	15	11	12	6
IUD	1	2	1	2	1	2	2	1	2	1
Diaphragm and Jelly	6	5	7	6	6	3	3	3	2	2
Condom	14	16	15	12	13	9	10	8	10	8
Foam	2	2	2	2	2	3	5	2	4	1
Jelly	1	1	1	1	2	2	2	2	1	2
Suppository	1	1	1	1	1	2	2	3	2	2
Withdrawal	4	5	4	2	6	3	2	2	4	4
Rhythm	7	7	10	5	6	1	2	1	1	—
Douche	3	2	3	3	3	10	9	11	10	12
Multiple usage	2	3	2	2	2	1	1	—	1	1
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of couples	3,762	617	1,475	844	826	969	508	104	164	193
					Under 30					
Using no method										
Subtotal	40	38	40	43	37	42	39	51	36	53
Subfecund	13	11	13	13	15	12	10	17	13	13
Fecund nonuser	4	3	4	4	4	7	4	11	7	16
Fecund trying to get pregnant	5	5	5	7	4	4	6	—	—	5
Pregnant	15	16	16	17	12	13	14	17	12	10
Postpartum	2	3	3	2	2	6	6	6	4	8
Using contraception										
Subtotal	60	62	60	57	62	58	61	49	64	47
Pill	27	24	26	30	28	19	22	20	22	8
IUD	1	1	1	1	1	3	3	3	3	3
Diaphragm and Jelly	4	4	4	3	4	2	2	—	3	3
Condom	12	13	11	11	13	10	9	9	13	14
Foam	3	3	3	3	3	5	6	—	3	3
Jelly	1	1	1	1	2	2	2	—	3	1
Suppository	1	1	—	1	1	2	2	6	—	1
Withdrawal	2	3	2	1	3	3	2	—	6	3
Rhythm	5	6	8	2	3	2	3	—	1	—
Douche	2	3	2	3	2	9	9	11	9	10
Multiple usage	2	3	2	1	1	1	1	—	1	1
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of couples	1,442	277	500	344	321	440	260	35	69	76

TABLE 5. (CONTINUED)

	30–44									
	White					Black				
Current Practice	*Total*	*Large City*	*Sub-urban*	*Other Urban*	*Rural*	*Total*	*Large City*	*Sub-urban*	*Other Urban*	*Rural*
Using no method										
Subtotal	44	47	38	51	48	60	52	61	64	70
Subfecund	38	40	32	44	42	45	40	46	51	51
Fecund nonuser	2	3	2	2	3	7	7	7	6	8
Fecund, trying to get pregnant	1	1	1	1	—	3	2	2	5	3
Pregnant	3	2	3	4	3	4	4	6	2	6
Postpartum	1	1	—	—	1	1	—	—	—	2
Using contraception										
Subtotal	56	53	61	49	52	40	48	39	36	30
Pill	8	5	11	9	5	7	9	6	4	5
IUD	1	1	1	1	1	1	1	—	1	—
Diaphragm and Jelly	8	6	9	7	8	3	5	4	1	1
Condom	16	19	17	13	13	8	11	7	7	3
Foam	2	2	1	2	2	3	3	3	4	—
Jelly	1	1	1	1	1	2	3	3	—	2
Suppository	1	1	1	1	1	2	2	1	3	2
Withdrawal	6	7	5	3	8	3	3	3	2	4
Rhythm	9	8	11	7	8	1	2	1	—	—
Douche	3	1	3	3	3	10	8	10	12	13
Multiple usage	1	3	1	2	2	1	1	—	1	—
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of couples	2,320	340	975	500	505	529	248	69	95	117

differences are noted that are mainly the result of variations among older women. As noted earlier, the overall division differs little by contraceptive or noncontraceptive exposure, and by type of noncontraceptive exposure. The only obvious differences are the greater reliance of white couples on the condom and rhythm (a larger fraction of the white population is Catholic) and the greater use by black couples of the douche and, to some extent, foam.

The types of exposure of large-city black couples are more similar in some respects to white couples in large cities than to black couples in other residence categories. Their incidence of subfecundity is considerably lower than that of black women in all other residential areas. They are also less likely to be found in the status of "fecund non-user" (excluding women pregnant or trying to become pregnant) than their suburban or rural counterparts, although in this respect they are higher than whites in any type of community. Large-city blacks tend to use the pill more than do blacks in other communities, but this difference (except for rural areas) is evident only among older black women. Differences in the type of method used among users of contraception are more closely examined in the next section.

Methods Most Recently Used

In Table 6, couples are classified by the method they have used most recently. This analysis differs from the preceding description of types of current exposure in two respects: first, it is based exclusively on the population of couples who have ever used contraception (see Table 3); and second, it reflects the last method used by couples who have used contraception, but who are classified currently as not using any method. This does not imply that they will return to the same method used formerly; clearly those who are sterile will not "return" to any method and those who only temporarily interrupted use as a result of an accidental pregnancy, for example, may very well adopt a different method subsequently.

If one looks first at the distribution of methods used by younger women, it is seen that the pill is the most popular method for every race-residence category except rural blacks (who rely mostly on the condom and douche). In broad outline, young blacks use the pill extensively, but not quite as much as do whites, they rely much more on douching than do white women, somewhat less on the condom (unless they are rural), more on the IUD and more on multiple methods (which include changes of methods as well as combinations). The older black women in the large cities, however, use the pill more than do white women in these areas. The condom, diaphragm and jelly, and rhythm are the principal methods used by older white women, whereas the douche, and to a lesser extent the condom, dominate the picture for blacks. Blacks also use foam preparations more than do whites.

Use of New Methods

The use of the most modern methods—the pill and the IUD—is associated with race and place of residence as well as age. This section will examine the influence of education, region and income on the patterns of association with the use of these newer methods. (Among women currently using the pill or IUD, 93 per cent are using the pill.[2]) Because of the considerable drop-out rate for pill users the current use of these methods will be discussed rather than "ever use" or most recent use.

TABLE 6. METHOD OF CONTRACEPTION USED MOST RECENTLY BY RESIDENCE, COLOR AND AGE OF WIFE

Method Used Most Recently	*Under 45*									
	White					*Black*				
	Total	*Large City*	*Sub-urban*	*Other Urban*	*Rural*	*Total*	*Large City*	*Sub-urban*	*Other Urban*	*Rural*
Pill	23	20	23	27	22	21	23	19	20	15
IUD	1	1	1	1	1	2	2	—	3	2
Diaphragm and Jelly	12	11	13	12	10	5	6	6	3	2
Condom	19	23	18	19	18	16	14	12	13	25
Foam	3	4	3	3	4	6	7	6	6	3
Jelly	2	1	2	2	3	4	5	2	3	6
Suppository	1	1	1	2	1	3	3	6	3	3
Withdrawal	6	6	6	4	10	4	3	5	4	5
Rhythm	14	15	16	11	11	2	3	5	1	—
Douche	7	5	6	7	8	22	18	22	22	31
Multiple usage	12	13	12	12	11	14	14	17	21	7
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of users	3,104	494	1,275	680	655	705	397	64	120	124
Under 30										
Pill	40	35	38	45	41	28	29	30	30	19
IUD	1	1	1	1	2	3	3	—	5	4
Diaphragm and jelly	7	6	8	7	6	3	3	4	3	4
Condom	15	18	15	13	14	14	11	11	11	29
Foam	5	5	4	4	7	9	10	4	3	6
Jelly	2	1	1	1	3	4	4	—	3	6
Suppository	1	2	1	2	1	3	2	11	2	2
Withdrawal	3	3	3	3	5	2	3	—	8	4
Rhythm	10	13	13	9	6	2	3	4	1	—
Douche	5	5	4	5	5	17	16	18	14	23
Multiple usage	10	11	11	9	9	14	15	18	19	4
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of users	1,221	226	435	292	268	368	226	27	63	52
30-44										
Pill	12	7	14	14	8	13	15	11	9	12
IUD	1	1	1	1	1	1	1	—	2	—
Diaphragm and jelly	16	15	17	15	13	7	11	8	4	—
Condom	22	28	20	23	21	18	19	13	16	22
Foam	2	2	2	2	3	5	4	8	9	1
Jelly	3	1	2	3	3	6	7	3	3	7
Suppository	1	1	1	2	2	5	5	3	5	4
Withdrawal	8	9	7	5	13	4	3	8	—	6
Rhythm	15	16	17	13	14	2	3	5	—	—
Douche	7	4	7	8	9	25	19	24	30	37
Multiple usage	13	15	12	14	13	14	12	16	23	10
Per cent total	100	100	100	100	100	100	100	100	100	100
Number of users	1,883	268	840	388	387	337	171	37	57	72

TABLE 7. PERCENT OF COUPLES CURRENTLY USING CONTRACEPTION WHO ARE USING THE PILL OR IUD FOR REGION, WIFE'S EDUCATION AND HUSBAND'S INCOME BY RESIDENCE, COLOR AND AGE OF WIFE

							Education of Wife				*Income of Husband*			
			Region				*H.S.4 or More*		*Less than H.S.4*		*$4,000 or More*		*Less than $4,000*	
	Total		*Non-South*		*South*									
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	28	29	28	28	29	29	28	31	28	27	27	31	38	24
Large city	26	32	24	28	30	36	27	34	23	29	24	31	42	32
Suburban	28	27	29	*	23	25	27	32	28	23	28	27	32	*
Other urban	34	28	33	27	36	28	34	26	33	31	33	36	44	20
Rural	26	20	25	*	28	19	26	*	27	22	25	*	35	16
Under 30 total	47	38	46	42	47	39	46	41	47	34	46	41	53	32
Large city	42	41	39	40	49	47	41	42	41	39	40	40	50	42
Suburban	44	*	46	*	37	*	42	*	50	*	44	*	48	*
Other urban	54	39	51	*	57	40	56	42	49	35	54	44	55	*
Rural	48	22	50	*	45	21	49	*	46	26	46	*	54	12
30–44 Total	16	18	16	17	15	18	16	16	13	19	16	19	10	15
Large city	10	19	10	18	12	22	11	20	8	18	10	20	*	18
Suburban	19	15	20	*	17	*	20	*	16	*	20	*	*	*
Other urban	18	15	18	*	18	15	19	*	17	*	18	*	*	*
Rural	10	17	10	*	10	17	6	*	11	18	10	*	10	20

* Fewer than 20 cases.

TABLE 7A. BASE NUMBERS FOR TABLE 7

							Education of Wife				*Income of Husband*			
			Region				*H.S.4 or More*		*Less than H.S.4*		*$4,000 or More*		*Less than $4,000*	
	Total		*Non-South*		*South*									
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	2,154	469	1,565	199	589	270	1,542	244	611	221	1,875	310	218	153
Large city	352	276	269	158	83	118	244	173	108	100	317	219	28	55
Suburban	898	44	724	16	174	28	695	22	202	22	821	30	41	14
Other urban	443	78	298	22	145	56	315	39	128	39	381	42	55	35
Rural	461	71	274	3	187	68	288	10	173	60	356	19	94	49
Under 30 total	867	255	602	112	265	143	608	147	259	107	713	171	141	81
Large city	171	158	130	90	41	68	123	107	48	51	146	124	22	33
Suburban	299	17	239	5	60	12	231	8	68	9	269	12	25	5
Other urban	196	44	130	14	66	30	133	24	63	20	152	25	40	19
Rural	201	36	103	3	98	33	121	8	80	27	146	10	54	24
30–44 total	1,287	214	963	87	324	127	934	100	352	114	1,162	139	77	72
Large city	181	118	139	68	42	50	121	69	60	49	171	95	6	22
Suburban	599	27	485	11	114	16	464	14	134	13	552	18	16	9
Other urban	247	34	168	8	79	26	182	15	65	19	229	17	15	16
Rural	260	35	171	—	89	35	167	2	93	33	210	9	40	25

Use of the pill and IUD among black women is highest in the large cities—32 per cent of couples currently using any method (Table 7). This is even higher than for white couples in the large cities. This percentage declines with size of community to 20 per cent for rural blacks. Use among younger large-city blacks and whites is about the same (41 and 42 per cent), but older black women in these areas appear to use the newer methods more (19 per cent) than do older white women (10 per cent). By contrast, in rural areas younger black women rely on these methods far less (22 per cent) than do white women of comparable age (48 per cent), perhaps because the differences in education between the races are greater in rural than in urban areas.

In the South the same patterns of association obtain, although the use of these methods appears to run slightly higher in large cities in this region than in the country generally. Controlling for education of wife does not seem to affect the generalizations, but income clearly does. Among couples with husbands' annual earnings under $4,000, black couples rely less than white couples on the newer methods, a difference that is primarily the result of increased use among whites rather than to decreased use among blacks. The reasons for this are obscure, but the numbers involved are small.

KNOWLEDGE OF THE OVULATORY CYCLE

The amount of knowledge about the biologic facts of conception—the time during the ovulatory cycle when a woman is most likely to become pregnant—can be considered as an index of the contraceptive sophistication of a population. In New Orleans, in 1965, Beasley, Harter and Fischer[3] found that only 13 per cent of a sample of ever-married, ever-pregnant black women under age 45 possessed "essential knowledge" on the subject. In their study the fertile period was liberally defined as the middle seven days of the cycle.

The 1965 National Fertility Study included a question that permits both comparison with the New Orleans study and comparison of the knowledge possessed by urban blacks with blacks and whites in other residential categories. All women in this study were asked: "If a woman has her period every 28 days, on which days does she have the *greatest* chance of becoming pregnant, counting from the first day her period begins?"

A correct response was considered to be from 12 to 16 days in-

TABLE 8. PERCENTAGE[1] OF WOMEN "CORRECTLY INFORMED" ABOUT THE LOCATION OF THE FERTILE PERIOD IN THE OVULATORY CYCLE BY RESIDENCE, COLOR AND AGE OF WIFE

			Region				*Education of Wife*			
	Total		*Non-South*		*South*		*H.S.4 or More*		*Less than H.S.4*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	50	22	52	29	46	18	61	30	30	15
Large city	54	25	51	30	62	21	66	33	27	15
Suburban	55	12	56	22	54	8	63	15	34	10
Other urban	48	26	49	20	42	28	59	30	27	22
Rural	42	14	47	*	37	12	53	19	26	12
Under 30 total	53	25	55	31	48	22	63	34	32	16
Large city	53	28	52	32	58	24	65	34	25	17
Suburban	59	9	59	*	60	8	66	*	39	9
Other urban	53	36	55	29	47	40	62	42	34	30
Rural	44	14	50	*	38	11	55	31	25	10
30–44 total	50	19	51	25	45	15	59	27	27	14
Large city	57	23	50	27	65	18	67	33	28	13
Suburban	54	13	55	*	51	8	61	19	31	10
Other urban	45	18	49	13	39	20	57	18	23	18
Rural	41	14	45	*	35	13	52	*	26	14

* Fewer than 20 cases.

[1] See Table 3a for base numbers.

TABLE 9. PER CENT[1] CLASSIFIED AS "EXCESS FERTILITY" FOR REGION, WIFE'S EDUCATION AND HUSBAND'S INCOME BY RESIDENCE, COLOR AND AGE OF WIFE

			Region				*Education of Wife*				*Income of Husband*			
	Total		*Non-South*		*South*		*H.S.4 or More*		*Less than H.S.4*		*$4,000 or More*		*Less than $4,000*	
Residence	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*	*W*	*B*
Under 45 total	18	35	19	23	20	42	16	26	25	42	19	30	21	44
Large city	17	27	17	20	18	35	14	21	24	35	18	23	10	38
Suburban	20	55	18	33	24	62	18	45	24	59	19	53	25	62
Other urban	19	40	20	40	17	39	16	35	24	43	18	38	23	44
Rural	20	41	20	*	20	43	15	30	26	44	20	42	20	43
Under 30 total	11	28	10	18	14	33	8	16	19	36	11	27	13	26
Large city	11	22	11	17	13	28	7	16	21	32	12	19	10	30
Suburban	11	54	9	*	16	58	9	*	17	65	11	60	16	*
Other urban	11	33	8	33	16	33	9	31	15	36	10	40	15	23
Rural	12	32	13	*	12	33	6	*	22	31	13	40	10	30
30–44 total	24	41	24	25	24	48	22	31	29	45	23	33	30	53
Large city	22	32	23	24	22	43	20	28	25	36	23	27	11	47
Suburban	24	55	23	*	29	65	22	52	28	56	23	49	34	63
Other urban	25	44	28	46	18	44	21	39	31	47	24	36	34	56
Rural	25	48	24	*	26	49	22	*	30	51	24	44	29	50

* Fewer than 20 cases.

[1] See Table 3a for base numbers.

clusive, in addition to range answers that overlapped this interval. According to this definition, about one-quarter of the urban blacks in the sample (see Table 8) are correctly informed compared with around twice that number of whites. The knowledge gap between blacks and whites is smaller in the large cities and other urban areas, and larger in the suburban and rural areas. Younger blacks in cities are somewhat better informed than older blacks; age makes no difference in suburban or rural areas.

Among southern women (more comparable with the New Orleans sample) the race-residence patterns are fairly similar to those for the nation as a whole. The chief factor determining knowledge of this kind seems to be amount of general education; a very large difference is seen between the proportion who are correctly informed among those with at least a high school education, and the proportion among those with less education. However this educational distinction does not cancel the race difference in knowledge; blacks are considerably less informed than whites in both educational classes. Much of this difference may be because the average number of years of schooling of blacks is far lower than that of whites within these ostensibly homogeneous educational classes. Nonetheless, the level of information possessed by blacks with four years of high school education or more is the same as for whites with less than four years of high school.

FAMILY PLANNING

Thus far this paper has focused primarily on contraceptive behavior as seen through various measures of use and knowledge. The concluding subject is the basic question of how successful urban blacks have been in having the number of children they want. Another report[4] from the 1965 National Fertility Study included a detailed inquiry into the various types of pregnancy outcome; blacks were shown to be much less successful than whites in every dimension of fertility planning. Thus, among ever-pregnant women who intend to have no more children, 52 per cent of blacks, compared with 30 per cent of whites, report their last pregnancy as unwanted. In addition to this difference in failure to control the *number* of children, a difference is also found in the incidence of *timing* failures; that is, pregnancies that, though not unwanted, occurred before the couple wanted them. Among ever-pregnant women[5] whose fertility was complete (in the sense that they wanted no more children) and who had successfully controlled (so far) the number of births (their last birth was wanted), 84 per cent of blacks and 60 per cent of whites report (at least one) timing failure. The corresponding proportions of timing failures for couples who still want more children are 65 per cent for blacks and 50 per cent for whites.

Table 9 presents data on the proportion with "excess fertility," for blacks and whites by age and residence categories. A couple is classified in the excess fertility category if they reported (at least) the last birth unwanted.

The lowest incidence of excess fertility among blacks is found in the large cities, where just over a quarter (27 per cent) are so classified. But even the lowest figure for blacks is higher than the highest proportion with excess fertility among whites. The race difference is least in the largest cities primarily because of the covariation of amount of excess fertility with size of community among blacks; among whites no such strong association prevails. The reason for the existence of this relation among blacks and not whites is probably (as in the similar case of contraceptive behavior) that education and community size are so much more strongly associated among blacks (see Table 2) than among whites. Some confirmation of this hypothesis is found in the shrinking of this association among blacks when the wife's education is held constant (third and fourth panel of Table 9).

Among couples living in the southern region of the country the incidence of excess fertility among large-city blacks is greater than among couples in other regions. In general, the race difference is concentrated primarily in the South; in the large cities outside of the South (containing most of the black population of these regions) the proportions with excess fertility are very close indeed. In the Northeast the proportion of black couples with excess fertility in large cities is 14 per cent compared with 15 per cent for whites;[6] in the large cities of the Midwest the differential is less than in the South, but not equalized as in the Northeast.

Although a pronounced educational element is seen in excess fertility, controlling (admittedly crudely) on wife's education does not eradicate the race differential. The effect of low income on the fertility-planning success of blacks is to raise the proportion with excess fertility—this is obviously not independent of the joint association with education—much more among large-city blacks than among blacks in other communities. But, somewhat curiously (perhaps because of small numbers), the excess fertility proportion among poor whites in large cities in lower than among all couples. (In fact, the ten per cent figure is the lowest for any category of whites.)

SUMMARY

This paper reports on the use of contraception and the success of fertility planning among the urban black population of the United States in 1965. Because such a focus implies comparison, data have been included for whites, and for blacks, in other types of communities as well.

Several indices of contraceptive practice were employed. The first is the conventional measure of whether contraception had ever been used. The second is a new measure developed for this analysis—the proportion of couples at risk of conception who are currently not using contraception.

Blacks in large cities had used contraception to the same extent as whites in large cities, and, for younger women, even more. When the measure of current use among couples at risk is employed, however, the proportions not using any contraception are consistently greater among blacks in both age groups and in all types of community although again the race difference is smallest among younger women and in the more urbanized communities. The interpretation of this difference evidently is that blacks are more apt to use contraception casually and to interrupt its use more often without explicit fertility objectives. Also, a slightly higher incidence of subfecundity is found among blacks and more blacks than whites were in the postpartum period. The race differences in general are smallest in the urban areas, among younger women, in regions of the country other than the South and among women with at least a high school education, all of which seem to imply a definite trend toward convergence. The effect of near poverty (husband's annual earnings under $4,000) on the probability of using contraception currently is to increase non-use among both races and in all residential categories.

The pill is used by urban blacks to the same extent as by whites although younger white women use this method more than do younger black women. (The older black women rely on the pill more than do older white women). Except for rural blacks, the pill is the most popular method used for every race-residence category. In general, white couples rely more on the diaphragm and jelly and the rhythm method; black couples depend much more on douching and somewhat more on foam.

The proportion of women who are correctly informed about the position of the fertile period in the ovulatory cycle was also studied. About one-fourth of the urban blacks compared with about one-half of urban white women reported that the fertile period fell between the 12th and 16th days of the cycle (also defined as "correct" was any response overlapping this range).

Urban blacks are more informed than are blacks in suburban or rural areas. Neither this nor the race difference is erased by holding constant whether the wife had at least four years of high school education; in fact, blacks with this educational achievement are correctly informed on this subject only to the same extent as white women with less than four years of high school education.

The final inquiry was directed to the comparative incidence of excess fertility—the proportion of couples reporting at least one unwanted birth. The lowest incidence of excess fertility among blacks is found in the large cities, especially in cities outside of the South. A considerable race difference is found in the incidence of excess fertility that does not seem to be simply a function of differences in the wife's education.

REFERENCES

[1] The 1965 National Fertility Study was undertaken under a contract between the Office of Population Research at Princeton University and the National Institute of Child Health and Human Development. The authors would like to acknowledge the able assistance of Shirrell Buhler and Adrienne Simmonds who were responsible for the data processing.

[2] This figure is 88 per cent for blacks and 96 per cent for whites.

[3] Beasley, J. D., Harter, C. L. and Fischer, A., Attitudes and Knowledge Relevant to Family Planning Among New Orleans Negro Women, *American Journal of Public Health,* 56, 1848–1849, November, 1966.

[4] Ryder, N. B. and Westoff, C. F., Fertility Planning Status: United States, 1965, *Demography,* 6, 435–444, November, 1969.

[5] Excluding a small number of women (less than one per cent) whose planning status could not be evaluated because they had never used contraception, reported every pregnancy as wanted as soon as possible, and although not sterile asserted they would never use contraception.

[6] This equalization of excess fertility applies to both age groups. Among women under age 30, the proportions are 12 and 13 per cent for blacks and whites respectively; among women age 30–44, both blacks and whites reveal 17 per cent classified as excess fertility.

DISCUSSION

Dr. Carl L. Harter: Here we have a case of some needed quality descriptive data which have been succinctly presented by two distinguished experts in the field. Furthermore, these 1965 figures from a national sample tend to corroborate, in all essential respects, the results of some more localized studies as well as our impression of recent trends.

The authors tell us, for example, that the differences between the races are smallest in the urban areas, among younger women, outside the South and among women with at least a high school education. Further, the lowest incidence of excess fertility among blacks is in large cities outside the South.

I do not quarrel with the data, although I may disagree somewhat with some of the interpretations. Since I cannot quarrel with the data, I will use the tactic of commenting on topics that are implied, but not necessarily suggested by the authors.

I think at this point it is appropriate that we ask ourselves: Have we really learned anything that will enable us to predict future behavior?

In this paper and others on the subject, the picture we are given is clear and, albeit perhaps naively, we think the implications are obvious. As family planning information, services, and use become widespread, and as socioeconomic conditions generally improve—in short, as urbanization occurs and as modernization comes to this minority group, the American blacks—it is seemingly apparent that they will follow the demographic pattern previously established by the developed nations of the world. Specifically, this means lowering the excess of births over deaths to some 15 per thousand or even down to ten per thousand.

Unfortunately, time does not permit me to lay a proper foundation for the question I am about to raise; nevertheless, I wonder if we do not already have sufficient sociologic reason to question the inference we would like to draw from these data relating to fertility limitation practices among American urban blacks.

We know that blacks constitute a powerful minority in this country, at least potentially, and that no amount of socioeconomic or political success will erase that one characteristic, namely, blackness, which now merits them the minority label. So even though it may currently require a "soft data" answer, one question we might ask would be: Is it not at least plausible that with modest socioeconomic and political success black urban Americans may determine that the real road to success lies in numbers—political muscle? If so, they will abstain from traveling on the primrose demographic path we have become accustomed to seeing populations traverse after they begin to share in the good things of life.

Most of you are probably aware of Lincoln Day's proposition that Catholics living in countries where they are a minority have substantially higher fertility than do Catholics living in countries where they are a majority. If minority status is indeed a pronatal pressure, then there is no way for the black man in America to extradite himself from a status position based on color except by changing that status from minority to majority.

So it may be reasonable to expect that the black urban American will continue to adopt contraceptive practices, and in so doing will restrict his fertility to the 2–4 range, but at the same time is it not also reasonable to expect that the average black couple will by choice have one-half to one and a half more children than the average white couple? I know of no biologic or social law which universally dictates that a one-to-three size family is any more right or proper than a three-to-five size family.

This suggestion of the possibility of controlled relatively low fertility among modest income blacks in the future, which fertility is nevertheless higher than white fertility, is at least idealogically different from the position of the black militant and is not related to the black genocide question that was discussed this morning.

Even if the minority position of relatively well-off urban blacks is not a stimulus for pronatal behavior, are we not, nevertheless, as Dan Thompson said earlier, expecting that urban blacks will eventually conform to white middle-class urban American fertility behavior?

In short, when contraceptive knowledge, services and use become widespread among both blacks and whites, will we find, and be surprised at that time by the finding, that blacks continue to have higher fertility than whites?

Dr. Willie: I hate to be in this type of role, but I do not like the tone of that paper. You did not really speak to the issues raised in the paper by Westoff and Ryder. You started off with another hypothesis altogether. They asked blacks if they did or did not want more children and the blacks said they did not want more children; you completely ignored the findings and began to discuss another hypothesis which almost again suggests that blacks are going to be forever different. That bothers me.

Dr. Hauser: Dr. Harter said he was not going to quarrel with the data, and, therefore, I want to rise and quarrel with the data.

It seems to me that the kind of information that has been collected and translated into the prospects for reducing population growth rates by as much as 35 to 45 per cent, as I think the *New York Times* said this morning, is a highly questionable practice. To say that 35 or 45 per cent of the United States growth rate could be eliminated if these unwanted children as defined in this paper were eliminated, strikes me as a terrific leap from data that in many respects may be suspect. I will state my suspicions very quickly and inadequately. I have made references to problems of response error elsewhere, but we do have major response error involved in the answer to the question as to whether children were wanted.

Did they not want them badly enough to get up and go to the medicine cabinet to get a condom, or whatever? My point is that until we get questions of this character that also have some measure of intensity—how badly did they not want them—we cannot be sure what the answer means. That is one type of question.

Then there is another type of question that I think raises fundamental queries in respect to the basic premises and assumptions that underly this type of approach.

I think implicit in the approach, here, is that reproductive behavior is essentially a rational human endeavor. Moreover, if you are going to compare white and black, or for that matter high income status and high education status with low status, you are assuming that reproductive behavior is equally rational in each of these different subgroupings.

I challenge these assumptions, and I think that maybe what you are getting are nonsense responses to questions that had no meaning in the first place, if not to all of the population you surveyed, to substantial portions of it.

Dr. Westoff: Are you saying that less-educated persons cannot tell you whether or not they want to have a child?

Dr. Hauser: A woman is telling you this four years after the event when that child might be raising hell, and she is not talking with the interviewer with ease. That is another kind of methodologic question. Let me put the shoe on the other foot. I think that the burden of proof is on you, or on any surveyer.

Dr. Westoff: I do not understand what you mean by a rational bias. What do you mean by rationality?

Dr. Hauser: What I am saying, to put it most explicitly, is that there is going to be a differential in the extent to which sexual relations are preceded by the intent to have or not to have a child, and my hypothesis would be that most sexual relations are not the result of a determination either to have or not have a child. I think this will stand up.

The burden of proof is on the surveyer. To the extent that there may be differentials within a population by educational status, as by other traits in the extent to which rationality does play a role in human sexual behavior, you can be completely distorting the actual situation. Particularly tenuous are the estimates that you make in using the responses to a question like that—to estimate the proportion of total population growth that might actually be eliminated.

I am opening up a Pandora's Box, but I think these are perfectly superb data for the purposes of planned parenthood and for the Congress, who now have—if anything else is needed—all the ammunition necessary to go all out on family planning.

It is nice to have this information, but what I am saying in effect is, let us not take this thing too seriously until we have some better measurements of error of response; and until we have some better measurements of the intensity of wanting or not wanting.

Until we see data of that type let us take this kind of a headline in *The New York Times* this morning with a considerable grain of salt, even while admitting it is probably having the right effect on public opinion.

Dr. Ryder: I simply want to raise a question about unwanted live births. If you have differentials by race that become somewhat less as educational differences decline, with the highly educated at 29 per cent and the less educated at 41 per cent within the black group, the question I want to raise is whether or not rates of abortion might influence the statistics.

After all, if you have an unwanted conception, but you have an abortion, that is going to lower your frequency of unwanted births. I am assuming here that as the educational difference becomes less, what is really correlated with this may be not greater rationality, but perhaps greater economic resources that would make available to the person a cruise to the Caribbean to get aborted, or some such other expensive option.

Live births are about 85 per cent of total conceptions, and the other 15 per cent is primarily induced abortions. The question is, how are abortions distributed between the races? The distribution would seem to influence these rates of unwanted pregnancies.

Mr. Campbell: Another thing that would influence the prevalence of excess fertility among Negroes is the lower family size desire that they express. We found in the 1960 study that the better-educated Negroes also had higher proportions reporting excess fertility than did similar white people. But they wanted fewer children; in other words, they were setting themselves a more difficult task, and I think this may be part of the explanation.

Dr. Liebow: I would like to say that I think the data in Table 8 are spectacular. If they really do conform to social reality, the differences are gross enough, and the things that are being talked about are so significant, that this by itself could account for a large part of the differences under discussion.

The behavioral consequences of a woman or man not knowing, and who not only does not know but might have positive mistaken ideas, who might think that the mid-period is exactly the least likely period for conception, might really account for a whole range of things that we have been talking about.

Dr. Westoff: Dr. Hauser and I are having a characteristic exchange on the question of the reliability of the data. We have just completed an analysis on the consistency of reporting. Some of it has been bad, but it depends on what you are talking about. One figure I do remember from the Princeton Study. After three years we asked the same questions about the circumstances under which the conception occurred. We found the replies at the two dates to be 85 per cent consistent as to whether the pregnancy was accidental or not.

Dr. Hauser: That is a different question. The response is on a behavioral thing, not an attitudinal thing.

Dr. Westoff: I am talking about the classification of the pregnancy as unwanted or wanted, as planned or not planned.

Dr. Hauser: Let me say this in general. I would like to see no more data of this type published without research on reliability being simultaneously reported if you have done research on it.

Dr. Westoff: Before we publish our materials we hope to develop some explanation of why different results are yielded by the following two methods: (a) If you estimate desired family size from a cross-sectional survey with women of all parities and all ages, you get one estimate of the implications for population growth; (b) If you follow our approach and estimate the fraction of unwanted births and derive a retrospective estimate of the number wanted, you get quite a different demographic conclusion.

The preliminary impression we have is that what has happened simply is that the child is now around and they like it; they have become adjusted to it.

If you take the group of women whose last child was reported as unwanted and then look at their responses to another question (do you prefer to have fewer children?) and then tabulate that by the length of interval between that last child and interview, the older the child the higher the proportion of women saying that they would not prefer fewer.

One is measuring in part adjustment and rationalization, and the other is in some theoretical sense saying what would happen in a perfect contraceptive society.

In connection with the question about abortion, I think what you are saying is quite relevant. In these particular data we are concerned only with births. We are interested here only in pregnancies that resulted in live births.

UTILIZATION OF A FAMILY PLANNING PROGRAM BY THE POOR POPULATION OF A METROPOLITAN AREA

JOSEPH D. BEASLEY
AND
RALPH F. FRANKOWSKI

Studies conducted in New Orleans during 1964 and 1965, revealed marked variations in the information concerning basic reproductive physiology, the ovulatory cycle and effective means of contraception among all social classes in the metropolitan New Orleans area. Lack of information was especially noted within the lower socioeconomic group where approximately 90 per cent of the males and females in the metropolitan area did not understand the relation between the period of ovulation and fertility. These studies also indicated that approximately 27 per cent of the lower socioeconomic population could be classified as either sterile or subfecund. Within the fecundable portion, it was estimated that 62 per cent used no method of contraception during their most recent year of cohabitation. Approximately 38 per cent had used some form of contraception; frequently, however, its use was sporadic and in most cases lower socioeconomic couples employed highly ineffective coitally-related methods. No basic motivational blocks to the effective use of family planning techniques were noted; rather the respondents expressed a strong desire to control fertility.

At the time these studies were conducted, no organized family planning services of any kind were available to the lower socioeconomic group in the New Orleans metropolitan area. Neither the charity hospitals nor the public health facilities provided these services. This information has been fully described in previous writings and will not be dealt with here. Low-income couples who did practice contraception, therefore, did so with their own funds, in most cases employing nonmedical techniques, and in a few cases utilizing medical methods, apparently prescribed by private physicians.

Research on the epidemiology of infant mortality and fetal mortality in the metropolitan New Orleans area since 1964, indicates that the lack of effective fertility control in the lower socioeconomic group is a significant obstacle to the achievement of family health and stability. For example, an estimated one-half of the women in the lower socioeconomic group who experienced a stillbirth or infant death during 1964 had a recognizable health problem preexisting conception, thereby increasing the probability of a stillbirth, an infant or a maternal death. This group of high-risk mothers also lacked information about reproductive physiology and contraceptive methodology. Because no information or services relating to modern family planning were offered, contraceptive practices ranging from aspirin and Coca Cola douches to diluted potash douches had been used in attempts to prevent unwanted pregnancy. The group gave no indication of any marked motivational blocks that would have prevented the acceptance and usage of modern family planning methodology; on the contrary, they expressed strong motivation for family planning services.

These studies led to the formulation of the hypothesis that the failure of the indigent population to control fertility effectively was caused primarily by lack of access to health services that would have provided instruction and care in modern family planning methods, and an inadequate understanding of basic reproductive physiology and contraceptive methodology. On the basis of preliminary data derived from a pilot study in Lincoln Parish, it was hypothesized that an adequately designed patient-oriented family planning program would be utilized by the majority of indigent families.

PURPOSE OF THE PROGRAM

The first goal of the Orleans Parish Family Planning Demonstration Program was to develop and organize a system for the delivery of family planning information and services capable of identifying, contacting, educating and providing such services to all indigent families of the metropolitan area, thereby enhancing the system of health services to this group.

The program's second major goal was to accomplish this objective within the three-year period July 1, 1967, to June 30, 1970.

A third objective was to evaluate the program—measure its impact on fertility rates among the target population and its impact on the various obstacles to family health that are often associated with the lack of family planning.

OPERATIONAL PLAN

Following the decision in the spring of 1966 to conduct a demonstration program, the period between July 1, 1966, and October 1966, was spent in formulating a plan by which such a program could be initiated. The plan has already been described in detail, so it will only be outlined here.

In October, 1966, the plan was initiated with the formation of a private nonprofit corporation designated as the agency responsible for implementing the service aspects of the demonstration program and coordinating the efforts of other agencies that cooperate with the program. This corporate mechanism was chosen, after considerable study, because the limited available funding required the use of existing resources and personnel with maximum efficiency and a degree of administrative flexibility that did not currently exist among the organizations participating in the program. Figure 1 shows the participating or cooperating agencies. From October, 1966, through April, 1967, two major classes of activity were necessary. The first

FIGURE I. PARTICIPATING AND COOPERATING AGENCIES IN THE NEW ORLEANS DEMONSTRATION PROGRAM

Board of Education
Charity Hospital of Louisiana
City Government
City and State Health Departments
City and State Departments of Welfare
Community Action Program
Family Life Apostolate of the Diocese
Federation of Churches
Louisiana State Department of Hospitals
Louisiana State Government
Louisiana State Pharmaceutical Association
Louisiana State University School of Medicine
Ministerial Alliance
New Orleans Medical Society
Orleans Parish Medical Society
Social Welfare Planning Council
Tulane University

CORPORATION
Family Planning, Inc.

was to evaluate existing resources among the participating agencies and to develop the mechanisms of coordination necessary between the various agencies and the program. The second was to secure funding. These goals were accomplished by April, 1967, and the active preparation of facilities, recruitment and training of personnel, and other logistics began. The program was initiated officially on June 27, 1967.

The corporation is the agency responsible for the development, implementation and coordination of family planning in the metropolitan New Orleans area (as well as in the state). The results reported in this paper could not have been accomplished without the administrative cohesiveness and flexibility afforded by the corporate mechanism. This mechanism permitted information to be gathered that was necessary for internal decision-making in program operation and external decision-making in program development and funding. It provided the administrative capacity to deal with over 25 federal, regional, state and local agencies related to the program. It also afforded an instrument for the use of systems analysis, time effort studies, automated data processing and fiscal processing that are crucial elements of modern management technology. This type of modern management technology has not been sufficiently applied to the development and implementation of family planning programs in other parts of the United States, or in the international field. The experience with the corporate mechanism, backed up by consultation and research from university and other types of organizations, indicates that it would be wise not to discount the potential health and demographic effects of family planning programs before it is learned how to apply the available technology effectively. Whether family planning programs can affect health and fertility variables is a question that has not been properly examined. The results achieved to date appear to be sufficiently encouraging to withhold judgement until the hypothesis can be properly tested. One of the major functions of the Orleans Parish Research and Demonstration Program is concerned with testing this hypothesis.

DEMOGRAPHIC CHARACTERISTICS

The New Orleans Standard Metropolitan Statistical Area consists of three parishes (counties): Orleans Parish, Jefferson Parish and St. Bernard Parish. Orleans Parish can be identified as the central city of New Orleans, and Jefferson and St. Bernard Parishes basically form the urban ring. In 1960, the total population of the Standard Metropolitan Statistical Area was reported to be 868,480 persons (69 per cent white, 31 per cent black) with 72 per cent resident in Orleans Parish. Within Orleans Parish 63 per cent of the population was classified as white.

Estimates of the total population for July 1, 1966, indicated that the statistical area had experienced a relative growth of 15 per cent since 1960. The 1960 census data and 1967 population estimates for the three parish area are given in Table 1. Net migration estimates provided by the Bureau of the Census indicated that Orleans Parish had experienced a negative net migration of approximately 28,000 persons whereas the urban ring had experienced a positive net migration of approximately 58,000 persons. As of July 1, 1967, it was estimated that 66 per cent of the total population of the statistical area resided in Orleans Parish.

Table 1 also gives the female population data (aged 15 to 44 years) for 1960, and as of July 1, 1967. As of July 1, 1967, an estimated 210,500 females aged 15 to 44 resided in the statistical area. Information obtained from the 1965 metropolitan New Orleans Survey was applied to this total estimated female population to provide an estimate of the number of women eligible for the family planning program. At a 95 per cent confidence interval, the survey showed that between 16 per cent and 23 per cent of women could be classified both as fertile and belonging to the lower socioeconomic class. In this group were women with family income under $4,500, education of head of household no more than one year of high school, and occupation of head of household in the service or laborer category, resulting in an estimated 33,700 to 48,400 women who met program eligibility requirements.

TABLE I. POPULATION ESTIMATES FOR THE NEW ORLEANS STANDARD METROPOLITAN STATISTICAL AREA

	Orleans Parish		*Jefferson and St. Bernard Parishes*		*Standard Metropolitan Statistical Area*	
Date of Estimate	*Total Population*	*Female Population Aged 15–44*	*Total Population*	*Female Population Aged 15–44*	*Total Population*	*Female Population Aged 15–44*
1960 Census	627,525	129,692	240,955	52,348	868,480	182,040
July 1, 1967	653,800	135,300	341,200	75,200	995,000	210,500

TABLE 2. GENERAL FERTILITY RATES FOR THE NEW ORLEANS STANDARD METROPOLITAN STATISTICAL AREA

Year	*White*	*Black*	*Total*
1960	112.3	167.3	129.1
1967	78.5	138.7	95.9
Percentage decrease	30.1	17.1	25.7

The general fertility rate is defined as the ratio of all births to the number of women in the age interval 15 to 44 years. It is used as births per 1,000 women of childbearing age.

Table 2 gives a general indication of the fertility patterns in the Standard Metropolitan Statistical Area from 1960 to 1967. The general fertility rate dropped from 129.1 in 1960, to 95.9 in 1967, a relative decline of 26 per cent. Ethnic-specific fertility rates indicated that the general fertility rates for whites decreased 30 per cent and the rates for blacks declined 17 per cent. It is hypothesized that much of the difference in fertility performance between the white and black populations is the result of the unavailability before 1967 of family planning information and services for the indigent families.

DEFINITION OF FAMILY PLANNING AND ITS RELATION TO POPULATION POLICY AND FERTILITY CONTROL

The design of the Orleans Parish Family Planning Program has been based on (1) studies of social characteristics of the population that the program is attempting to reach, (2) studies of patterns of death and illness among the population, (3) operational research conducted in Lincoln Parish, a county of 34,700 people. The Lincoln Parish Program is now going into the fourth year and has been used as a "model" for the development of systems and methodology. This operational research has been incorporated into the Orleans Parish program from the start, and all data collection instruments were developed and pretested and have been maintained constant. It has provided a sample frame or patient universe that has allowed a unique opportunity to conduct operational research for examining methods of making the program more effective in attaining its goals.

These past and continuing studies indicate that family planning is a positive idea, giving individuals the information, advice and service necessary to plan the conception of a child under circumstances that will give the product of that conception an optimal opportunity to develop his physical, intellectual and emotional potential as a human being. The 1959 United Nations Declaration of the Rights of the Child agrees that a child should have these rights, but only takes into consideration the child after conception. If the rights of the child and the intent of the declaration are to be fulfilled, the rights of the child prior to his conception must now be considered. Regardless of its population policy, a nation must concern itself with major obstacles that prevent attainment of family health and stability necessary to foster optimal development of the child. Society's major obstacles, particularly prevalent in the lower socioeconomic groups, are first, the unwanted child; second, the criminal or nonmedically supervised abortion; third, the high-risk mother who is ill, but continues to become pregnant because of ignorance and lack of family planning services, placing herself and her children in jeopardy. The fourth problem is prematurity. Data indicate that increasing the interval between births will decrease the incidence of prematurity and, hence, related conditions such as mental retardation. Because the basic cause of about 50 per cent of mental retardation is not understood, the information now available must be put to maximum use to reduce mental retardation and to accomplish this rapidly. The single factor that could have the largest impact on prematurity and therefore, the reduction of mental retardation among the poor in this society would be the practice of child spacing. The fifth obstacle to family health is that of the battered child, meaning, in the broad sense, physical abuse, neglect or emotional deprivation. The sixth problem is lack of adequate nutrition. The seventh is pregnancy occurring out of wedlock, especially the teenage pregnancy. An eighth obstacle is that of maternal and infant mortality. The ninth is society's apathy toward all its children in making the commitment necessary to insure each child's fullest development.

Family planning is, therefore, a health measure in itself; it is absolutely essential if the obstacles to family health and stability—which clearly exist among the poor—are to be removed. Unless these couples have the information and services necessary to give them the power to control their own reproduction, they will find it extremely difficult to overcome these obstacles, and society will be unable to help them to have wanted, wellborn children with native capacity for the full development of intellectual, emotional and physical well being. Such goals are desirable for the individuals and families involved, and for society as a whole, and they cannot be attained unless the families have the power to control their reproduction. Although one of the hypotheses being tested in this program is the determination of the impact of a well-designed and -administered family planning program on lowering fertility rates, it is clearly recognized that the program is a valid social effort in itself.

At the same time, it should be obvious that family planning should be considered as only one component of an overall population policy. It is an essential component, and it is yet to be determined to what extent it can reduce fertility rates. Obviously many other demographic, political and social variables must be considered in designing a population policy for the purpose of decreasing the rate of population growth and attaining a balance between man's resources and his numbers. But family planning programs are valid in themselves for health and social reasons and must be an integral part, but only a part, of overall population policy. Until the fertility variables affected by family planning programs have been determined and properly tested, family planning should not be abandoned as one of the methods that can be used to decrease the rate of population growth.

The New Orleans Program, therefore, is not presented as a total program incorporating all the recognized aspects that are jointly important in decreasing fertility rates. It is, however, a family planning program designed, administered and evaluated to estimate the effect of such family planning on health and social objectives as well as on fertility variables.

SUMMARY OF THE TWO-YEAR PROGRAM RESPONSE

The Orleans Parish Family Planning Clinic System is composed of a central clinic and three satellite clinics. The central clinic is located at the transportation hub of the city in the immediate vicinity of the two medical schools in the community and the community charity hospital. The satellite clinics are located in a public housing area and in neighborhoods that have been designated as poverty areas. Participation in the program during the first two years was highest during the third quarter of the first year of program operation (Table 6).

Table 3 gives the total number of program contacts, appointments kept and number of acceptors of contraceptive methods during the first two years of program operation. In this period of time a total of 24,230 initial contacts were made through the program, which resulted in 17,459 first admissions to the clinic program. As a consequence of their first admission experience 16,762 women adopted

TABLE 3. CUMULATIVE TOTAL PROGRAM RESPONSE AND ACCEPTANCE RATES*

Cumulative Rates		*Rate per 100 Females Aged 15–44 Years*	*Rate per 100 Estimated Program Eligible Females** 15–44 Years*
Total program contacts	24,230	11.5	50.1–71.9
Total first admissions	17,459	8.3	36.1–51.8
Total acceptors	16,762	8.0	34.6–49.7

* Period ending June 30, 1969.

** The total number of women in the New Orleans Standard Metropolitan Statistical Area was estimated in the following manner. Beginning with a baseline estimate of 210,500 women, aged 15–44, resident in the SMSA as of July 1, 1967, this estimate was adjusted by information obtained from the 1965 Metropolitan New Orleans Survey. The 1965 Area Survey gave a 95 per cent confidence interval of 16 per cent–23 per cent for the percentage of women who would be classified as both fertile and belonging to the lower socioeconomic class. Applying this confidence interval to the baseline population estimate resulted in an interval estimate of 33,700 to 48,400 women in the SMSA who are eligible for program participation.

TABLE 4. FIRST ADMISSIONS BY TIME PERIOD OF ADMISSION AND SOURCE OF REFERRAL

	Source of Referral					
Time Period	*Post-partum*	*Auxiliary Outreach Worker*	*Self or Friend*	*Other*	*Total*	*Per Cent*
Ending June 30, 1968	5,452	960	1,852	942	9,206	52.7
Ending June 30, 1969	5,131	912	1,446	764	8,253	47.3
Total	10,583	1,872	3,298	1,706	17,459	
Per cent	60.6	10.7	18.9	9.8		

TABLE 5. CUMULATIVE INITIAL APPOINTMENTS MADE, KEPT, AND PROPORTION KEPT BY TYPE OF APPOINTMENT*

Type of Appointment	*Number of Appointments Made*	*Number of Appointments Kept*	*Proportion of Appointments Kept*
First appointment (I_1)	24,230	14,426	0.60
Second appointment made by phone or mail (I_2)	8,657	1,907	0.22
Third appointment made at time of home visit (I_3)	2,799	1,126	0.40
Total	35,686	17,459	0.49

* Period ending June 30, 1969.

some method of family planning. The data in Table 3 relate to the entire New Orleans Standard Metropolitan Statistical Area. Data are presented in Tables 13 and 14 for the city of New Orleans alone.

The response to the program is also presented in Table 3, related to both estimates of the total female population aged 15–44 and the program-elegible population. Since the inception of the program an estimated 11 per cent of the total female population aged 15–44 has been contacted by the program. This represents an estimated contact rate of between 50.1 and 71.9 contacts per 100 program-eligible women. The acceptance rate is estimated between 34.6 and 49.7 acceptors, per 100 eligible women.

SOURCES OF PATIENT REFERRAL

First admissions for each year and source of patient referral are given in Table 4. The major source of patients is the postpartum referral system. This system, established and maintained by the program, accounted for 61 per cent of the total patient load during the two-year period. An additional 19 per cent of the patient load could be attributed to friend or self referrals. These referrals occurred prior to the full development of the current community educational program.

The Family Planning Auxiliary Worker System accounted for 11 per cent of the total patient load. This system, described elsewhere in detail, forms the outreach and follow-up component of the program. Other types of referral, predominantly from established poverty-oriented agencies, accounted for the remaining ten per cent. These data indicate that to establish an effective program a comprehensive set of contact mechanisms must be created by the operating program to bring about maximum contact with the potential patient population. Programs must provide aggresive and dynamic outreach systems to reach potential participants.

Table 5 indicates the manner in which appointments to the program were kept. The first column of Table 5 describes three types of clinic appointment. If a woman fails to keep her first clinic appointment she is subsequently contacted by telephone or mail. If she fails to keep this second appointment a home visit is made by one of the program's family planning auxiliary workers. This follow-up responsibility is an integral part of the auxiliary worker system. After the follow-up cycle is completed, no further patient contacts are made and the patient's record is closed unless she initiates a reopening at a subsequent date.

TABLE 6. FIRST ADMISSIONS* OF THE ORLEANS PARISH CLINIC SYSTEM BY TIME PERIOD OF ADMISSION AND CLINIC DESIGNATION

Time Period	*Central*	*Desire*	*Algiers-Fischer*	*Sara Mayo*	*Total*
1967 quarter 3	1,940				1,940
1967 quarter 4	2,067	95	35	41	2,238
1968 quarter 1	2,371	161	77	90	2,699
1968 quarter 2	2,115	92	67	55	2,329
1968 quarter 3	2,172	64	42	83	2,361
1968 quarter 4	2,041	29	14	82	2,166
1969 quarter 1	1,874	21	59	72	2,026
1969 quarter 2	1,572	53	42	33	1,700
Total	16,152	515	336	456	17,459

*** Totals reflect data revisions based on reallocation of first admissions to time period of admission.**

TABLE 7. SELECTED STATISTICS FOR FIRST ADMISSION PATIENTS

Reported Statistic	*Period Ending June 30, 1968*	*Period Ending June 30, 1969*	*Cumulative*
Total first admissions	9,206	8,253	17,459
Black	95.7%	92.6%	94.2%
24 years of age or younger	55.9	57.0	56.4
Parity three or less	62.4	68.0	65.1
Less than 12 years of formal education	69.5	67.8	68.7
Contraceptive history			
No reported previous use	40.5	48.9	44.5
Use of less effective methods only	35.0	23.7	29.6
With previous use of pill or IUD	24.3	26.9	25.5
2 or more pregnancies in last 3 years	48.9	35.0	42.3
First pregnancy below age 18	51.7	48.9	50.4
Planning status of last pregnancy			
Taking a chance	78.8	83.3	80.9
Planned	11.0	10.7	10.9
Method failure	9.0	5.2	7.2
Receiving welfare assistance	18.9	21.4	20.1
Unemployment (patient and husband where applicable)	37.1	38.7	37.8
Postpartum referral	59.2	62.0	60.5
Adopting contraception	96.3	95.6	96.0
Pill	62.2	67.4	64.7
IUD	20.1	9.8	15.3

The exception to this would be the extensive and vigorous intervention by health auxiliaries if patients are found to have life-threatening lesions such as early cancer of the cervix.

Table 5 shows that 60 per cent of the women kept their initial appointments without program assistance in follow-up. The total number of women who kept an appointment was increased from 14,426 to 17,459 or 21 per cent as a result of the follow-up system. Thus, in addition to adequate sources of referral, it should be noted that a large-scale appointment and follow-up system is necessary to insure high levels of participation. It is gratifying to observe that 72 per cent of all women from the metropolitan area who were offered appointments to the program eventually kept their appointments.

Until July, 1968, appointments were generally restricted to residents of New Orleans. The acceptance rate for appointments during the first program year for New Orleans was estimated at 90 per cent. After July, 1968, appointments were given to all area residents and residents of nine surrounding counties for service at the central facility. During 1968–1969, clinic facilities were developed in the Standard Metropolitan Statistical Area counties and acceptance rates for 1969–1970 for the Statistical Area are expected to be similar to levels achieved in New Orleans during the first year. These data substantiate the strong motivation in this population toward participation in the Family Planning Program.

Profile of Patient Characteristics

Table 7 gives a brief comparative profile of demographic and social characteristics of women admitted as patients over the two-year period. In summary, a woman entering the program would likely be (1) black (94 per cent), (2) 24 years of age or younger (56 per cent), (3) at parity three or less (65 per cent), and (4) educated at less than a high school level (69 per cent). She would be characterized by (1) a reported history of no previous contraception (45 per cent) or a previous use of only ineffectual contraceptive methods (30 per cent), (2) two or more pregnancies in the last three years (42 per cent), (3) a first pregnancy experience at less than 18 years of age (50 per cent) and (4) "taking a chance" on her most recent pregnancy (81 per cent). The typical patient is likely to receive no welfare assistance (80 per cent) and have a high unemployment rate (38 per cent). This unemployment percentage was computed as a response to an inquiry about the employment of the woman and husband if present.

TABLE 8. CUMULATIVE MARITAL STATUS OF FIRST ADMISSION PATIENTS*

Marital Status	*Number*	*Per Cent*
Never married	4,085	23.4
Married with husband present	8,934	51.2
Common-law marriage	646	3.7
Married but separated	3,141	18.0
Divorced	420	2.4
Widowed	217	1.2
Unknown	16	
Total	17,459	

* Period ending June 30, 1969.

Table 8 gives the reported marital status of the first admission patients. Of the total first admissions only 51 per cent reported being married with husband present, 18 per cent reported themselves as married but separated, 23 per cent reported never having been married and eight per cent of the women reported being a partner in a common-law marriage, being divorced or widowed. For policy reasons only a small proportion of the never-married, never-pregnant population is being served.

It is most likely that a woman entered the program as a result of a postpartum referral (61 per cent) and after entering the program she adopted some type of contraceptive (96 per cent) (Table 7). The type of contraceptive most frequently chosen was the oral pill.

In general, the characteristics reported above appear to be stable over time. Three exceptions should be noted. First, during the second year of program operation a 14 per cent decrease was observed in the number of women admitted to the program who had experienced two or more pregnancies in the last three years. The decrease can be partially attributed to the fact that patients admitted during the second year were on the average slightly younger and at a lower parity level than women seen during the first year. Patient recruitment strategies also contributed to this decrease.

The second exception is the type of contraceptive method adopted by patients over the two-year period. Use of the intrauterine contraceptive device decreased ten per cent during the second year of the program. During the second year patients tended to choose the pill and other methods in preference to the IUD. Because it is believed that this may adversely affect the patient's ability to control fertility, a revision of the clinic educational program is presently under way.

TABLE 9. SELECTED REPRODUCTIVE PERFORMANCE STATISTICS FOR FIRST ADMISSION PATIENTS

Reported Statistic	*Period Ending June 30, 1968*	*Period Ending June 30, 1969*
Total first admissions	9,206	8,253
Total never pregnant	39	62
Per cent with 1 or more infant deaths	10.5	8.3
Per cent with 1 or more stillbirths	6.5	5.6
Per cent with 1 or more miscarriages	17.4	16.1
Per cent high risk*	58.0	53.9
Last Pregnancy Outcome		
Per cent full term	81.4	80.9
Per cent premature	11.8	11.9
Per cent stillbirth	2.0	1.7
Per cent miscarriage	3.4	3.7

* A patient was classified as "high risk" if at least one of the following conditions was present: (1) six or more children, (2) under 17 or over 40 years of age, (3) history of a previout stillbirth or infant death, (4) experience of a premature birth at the most recent delivery, (5) last birth out of wedlock, (6) a potentially hazardous intercurrent medical condition.

The third exception is a small increase in white participation in the clinic. Only four per cent of total admissions during the first year were white women, but during the second year this increased to seven per cent. The increase in white participation is a recent occurrence and hopefully an indication of further participation by that group.

Table 9 gives a brief summary of the reproductive performance of women admitted during the two-year period. During the first year only 39 never-pregnant women were admitted as patients; in the second year 62 never-pregnant women were admitted as patients. Again, it should be emphasized that the small number of never-pregnant patients is primarily the result of the policy of the program for most of the period under study. Of the ever-pregnant women, it should be noted that those women admitted during the second year had a slightly better reproductive history. Naturally, this performance is associated with age and parity. However, most of the differences can be associated with patient recruitment strategies used during the first year. During that period an intensive recruitment effort was directed toward women who had experienced reproductive difficulties (high-risk mothers). This is most clearly seen if the percentages of high-risk patients are compared over the two-year period. Little distinction can be made between first- and second-year patients regarding their most recent pregnancies.

TABLE 10. REPORTED AGE AT FIRST PREGNANCY AND YEARS OF FORMAL EDUCATION*

Age at First Pregnancy	*Years of Formal Education* *3 or Less*	*4–6*	*7–8*	*9–11*	*12+*	*Unknown*	*Total*	*Per Cent*
13 or Less	10	52	145	82	5	2	296	1.7
14–15	27	214	917	1,592	125	4	2,879	16.5
16–17	22	176	901	3,590	921	9	5,619	32.2
18	17	64	289	1,222	1,043	3	2,638	15.1
19	6	51	200	727	1,043	5	2,032	11.6
20+	41	120	348	1,077	2,231	5	3,822	21.9
Unknown or not applicable	1	7	17	78	66	4	173	1.0
Total	124	684	2,817	8,368	5,434	32	17,459	
Per cent	0.7	3.9	16.1	47.9	31.1	0.2		

* Period ending June 30, 1969.

TABLE 11. AGE AND PARITY DISTRIBUTIONS OF FIRST ADMISSIONS BY REPORTED MARITAL STATUS*

	Parity *0–1*		*2–3*		*4–5*		*6–7*	
Age	*Ever Married*	*Never Married*	*Ever Married*	*Never Married*	*Ever Married*	*Never Married*	*Ever Married*	*Never Married*
Under 20	1,479	1,292	738	307	21	4	0	0
20–24	1,230	818	2,350	601	747	114	112	13
25–29	263	124	1,120	255	1,151	134	561	63
30–34	43	27	355	73	566	61	494	44
35–39	23	3	119	23	233	16	214	17
40+	12	1	61	8	89	13	93	5
Unknown	7	4	13	3	12	2	8	1
Total	3,057	2,269	4,756	1,270	2,819	344	1,482	143
Per cent	22.9	55.5	35.6	31.1	21.1	8.4	11.1	3.5

	8+		*Unknown*		*Total*		*Per Cent*	
Under 20	0	0	0	0	2,238	1,603	16.8	39.2
20–24	12	1	0	1	4,451	1,548	33.3	37.9
25–29	186	12	1	0	3,282	588	24.6	14.4
30–34	409	25	0	0	1,867	230	14.0	5.6
35–39	393	16	0	0	982	75	7.4	1.8
40+	236	4	1	0	492	31	3.7	0.8
Unknown	6	0	0	0	46	10	0.3	0.2
Total	1,242	58	2	1	13,358	4,085		
Per cent	9.3	1.4						

Table excludes 16 cases where marital status was unknown.

* Period ending June 30, 1969.

TABLE 12. CONTRACEPTIVE METHOD USED MOST FREQUENTLY IN THE PAST COMPARED WITH METHOD SELECTED AT TIME OF FIRST ADMISSION

	Method Selected at First Admission						
Previous Method	*None*	*Pill*	*IUD*	*Foam*	*Other Traditional*	*Total*	*Per Cent*
None	386	5,130	932	1,208	112	7,768	44.5
Pill	120	3,070	740	483	46	4,459	25.5
IUD	7	13	35	4	2	61	0.3
Jelly, cream, foam	60	1,394	464	400	37	2,355	13.5
Other traditional	92	1,682	488	485	69	2,816	16.1
Total	665	11,289	2,659	2,580	266	17,459	
Per cent	3.8	64.7	15.3	14.8	1.5		

Detailed Characteristics

Tables 10, 11 and 12 provide more depth on critical points previously mentioned. Table 10 is a cross-tabulation of reported age at first pregnancy and completed years of formal education. Approximately 31 per cent of the patients had at least a high school education, 21 per cent had eight or fewer years of education and 48 per cent reported 9–11 years of formal education. Simultaneously, 66 per cent of the patients reported a first pregnancy at age 18 years or younger. Moreover, Table 10 indicates the association between years of formal education and age of first pregnancy. As age of first pregnancy advances the total years of formal education increases. Although the direction of causality cannot be determined from these data, the association is striking and reinforces the urgent need for family planning programs to engage in both research and program development to determine methods of preventing the initial teenage pregnancy.

Table 11 is a three-way cross tabulation of age by parity by marital status. It should be noted that 23 per cent of the patients reported they had never been married. It also appears that the proportion of women who never married is inversely related to both age and parity. Of those patients who had never married 77 per cent were under 25 years of age as compared with 50 per cent of the ever-married women, and 87 per cent of the never-married women were parity three or less as compared with 58 per cent of the ever-married women.

Of the total number of women participating in the program during the first two years of operation, 51 per cent were at parity three or less and below age 25. This indicates that family planning programs with this design are capable of reaching families at a critical time in the reproductive age period.

Table 12 compares the contraceptive method used most frequently in the past by clinic participants with the contraceptive method selected at the time of first admission. Although 45 per cent of the patients had previously used no contraceptive, 96 per cent of them adopted some method of contraception as a result of their clinic experience.

Several transitions in method used can also be observed in Table 12. First, one notes that nearly two out of three patients selected the pill. In general, the pill was the method most often selected regardless of previous usage. The only exception was in the previous use of the IUD. In this case the woman was most likely to select the IUD again as her preferred method of contraception.

The general trend of the patient population was toward adoption of effective (pill or IUD) methods and abandonment of more traditional methods. For example, in the past only 26 per cent reported using an effective method as compared with 80 per cent adopting an effective method after admission to the clinic program.

Black and White Participation

Tables 13 and 14 represent an attempt to estimate clinic participation rates in relation to the estimated number of women who can be classified as financially eligible for admission to the program. The data

TABLE 13. ESTIMATED PARTICIPATION OF FINANCIALLY ELIGIBLE BLACK WOMEN* IN THE ORLEANS PARISH FAMILY PLANNING PROGRAM

Eligibility, Admissions and General Fertility	*Age Group*						
	15–19	*20–24*	*25–29*	*30–34*	*35–39*	*40–44*	*Total*
1. Estimated number of financially eligible women	7,076	5,733	4,777	4,158	4,018	4,033	29,795
2. First admissions	2,775	4,471	2,944	1,600	828	333	12,951
3. Per cent of financially eligible women admitted	39.2	80.0	61.6	38.5	20.6	8.3	43.5
4. General fertility (1967)	139.0	210.5	155.3	88.7	46.7	17.5	119.5
5. Per cent of total births (1967)	27.6	33.9	20.8	10.4	5.3	2.0	100.0
6. Estimated participation rate	12,951/(29,795)(67.2) = 64.7 Per 100 Eligible Women						

* Data restricted to Orleans Parish residents only.

TABLE 14. ESTIMATED PARTICIPATION OF FINANCIALLY ELIGIBLE WHITE WOMEN* IN THE ORLEANS PARISH FAMILY PLANNING PROGRAM

Eligibility, Admissions and General Fertility	*Age Group*						
	15–19	*20–24*	*25–29*	*30–34*	*35–39*	*40–44*	*Total*
1. Estimated number of financially eligible women	2,126	2,252	1,875	1,404	1,400	1,700	10,757
2. First admissions	129	226	168	86	48	19	676
3. Per cent of financially eligible women admitted	0.8	1.3	1.2	0.8	0.5	0.1	0.8
4. General fertility (1967)	51.8	140.1	95.7	58.2	35.2	6.5	69.5
5. Per cent of total births (1967)	14.7	42.2	24.0	10.9	6.6	1.5	100.0
6. Estimated participation rate	676/(10,757)(67.2) = 9.4 per 100 Eligible Women						

* Data restricted to Orleans Parish residents only.

presented in these tables are restricted to women who are residents of the city of New Orleans. This residence restriction was adopted because the clinic program has been fully operational in New Orleans for the entire two years. Admission of women from surrounding parishes has been a relatively recent occurrence.

Row 1 of Table 13 gives 1967 mid-year estimates, by age groups, of the number of financially eligible black women in New Orleans. The procedures and assumptions for the computations in Tables 13 and 14 are given in Table 15. Row 2 gives the number of first admissions by age group. These are first admissions who named New Orleans as their place of residence, and the age grouping refers to the patient's age at admission. Row 3 gives the percentages of financially eligible women admitted to the program. Row 4 gives estimated age-specific fertility rates for the entire black population in 1967, and row 5 is the percentage distribution of these births by age of mother.

From row 3 of Table 13 it is evident that an estimated 44 per cent of the black financially eligible population was admitted to the program during the first two years. In more depth, the age-specific percentages indicate that the greatest impact occurred in the age group 20–24. The estimated admission rate in this group is 80 per cent. It is also interesting to note that the age-specific admission rates are ranked in the same order as the baseline age-specific fertility rates. The admission rates also appear to be consistent with the percentage distribution of births with one exception. This exception occurs in the age group 15–19. On a percentage basis this group accounted for 28 per cent of the total black births in 1967. Thus, relative to age groupings, the 15–19 group ranked second in the distribution of births, third in general fertility and third in admission. This may well be

TABLE 15. PROCEDURES AND ASSUMPTIONS FOR THE COMPUTATIONS PRESENTED IN TABLES 13 AND 14

1. The distribution of women 15–44 years of age by five-year age groupings was obtained for Orleans Parish, 1967, from estimates provided by the Division of Business and Economic Research, Louisiana State University in New Orleans. These projections are based on a cohort survival technique from numbers of women by race and age as given in the 1950 and 1960 U.S. Census. Details may be found in the publication: "The Population of Louisiana: Projections by Race, Sex and Age." Population Study No. 1, Louisiana State University in New Orleans, February, 1968.
2. The population projections were reduced in each age category by applying the per cent of families in Orleans Parish classified as poor, by race. The per cent of families classified as poor was 25.6 per cent for the parish as a whole, 50.1 per cent black and 13.4 per cent white. These data were obtained from the Office of Economic Opportunity Information Center, *Community Profile* as reported in the publication: "Statistical Abstract of Louisiana," Louisiana State University in New Orleans, 3rd edition, 1969, Row 1, Tables 13 and 14.
3. Under the OEO criteria for economic status, an individual is considered poor if his personal income or the income of the family to which he belongs inadequately provides for his subsistence. The exact criteria were those developed by the Social Security Administration. The classification is based upon 1960 U.S. Census data for Orleans Parish.
4. Row 2, Tables 13 and 14, gives the number of women by age admitted for the first time to the Orleans Parish Family Planning Program. These women were reported residents of Orleans Parish and the age grouping is given at the time of admission.
5. When the number of women admitted is divided by the number of estimated financially eligible women, an age-specific admission percentage was computed. This percentage does not take into account any qualifying factors relative to eligibility other than financial criteria, Row 3, Tables 13 and 14.
6. Rows 4 and 5, Tables 13 and 14 give the estimated age-specific fertility and per cent distribution of births, by age of mother, for the general population, 1967. These data reflect Orleans Parish only.
7. The estimated participation rate was computed for each population by applying an estimate of the number of women currently not available for service because of factors such as pregnancy, sterility, sensitivity, no need and so forth. This percentage estimate is based upon data reported in Family Planning and the Reduction of Fertility and Illegitimacy: A Preliminary Report on a Rural Southern Program, Beasley, J. D. and Parrish, V. W., *Social Biology,* June, 1969. This is a local estimate and reflects the best local data available.

because of overestimation of the eligibles in the age group 15–19. The program's admission policy is giving particular attention to the unmarried teenager. A similar reexamination should occur in all existing programs and in public policy regarding admission of unmarried teenagers to family planning programs.

Table 14 gives similar data for the white population. Table 14 indicates that only 0.8 per cent of the financially eligible white population enrolled in the clinic program. However, even with the small number of patients, it is interesting to note that the admission rates are directly associated with both the age-specific fertility rates and the percentage distribution of white births for the year 1967.

Row 6 in Tables 13 and 14 is an attempt to relate first-admission patients to the total number of eligible women in New Orleans. A correction factor of about 0.33 was applied to the total number of financially eligible women to correct this figure for the number of women who would be classified as not available for participation in the family planning program. This correction factor was derived from three years of contact experience in the Lincoln Parish Family Planning Program. The correction factor accounts for the number of women currently pregnant, desiring a pregnancy and sterile and so forth. When this factor is applied to the total number of financially eligible women, the results yield a participation rate of 65 per 100 eligible women for the black population as contrasted with a participation rate of nine per 100 for the white population.

The data thus indicate that in the general population a black woman was more than six times as likely to participate in the program than was a white woman. Many lower socioeconomic white patients, because of racial prejudices, appear to be reluctant to attend the clinic. However, investigation is necessary and is currently under way to examine other factors that may explain the significantly lower participation of the white lower-income patients in the clinic program.

Table 16 shows a brief comparison of patient characteristics by ethnic composition. The data presented do not provide any characteristics that appreciably differentiate the two groups beyond the variable of classification. The typical white patient was slightly older and at a lower parity than the black patient. The white patient had, in general, fewer years of formal education and less contraceptive experience than her black counterpart. The white patient also became pregnant at an earlier age; however it was more likely that her most recent pregnancy was planned. Both groups reported approximately the same

TABLE 16. SELECTED FIRST ADMISSION STATISTICS BY ETHNIC COMPOSITION OF THE PATIENT POPULATION*

Reported Statistic	*Black*	*White*
Total first admissions	16,451	998
24 years of age or younger	56.5%	55.0%
Parity 3 or less	64.8	69.9
Less than 12 years of formal education	68.2	77.0
Contraceptive history		
No reported previous use	44.2	49.1
Use of less effective methods only	29.9	25.7
With previous use of pill or IUD	25.6	25.3
2 or more pregnancies in the last 3 years	42.2	44.4
Age of first pregnancy less than 18 years	50.0	57.7
Planning status of last pregnancy		
Taking a chance	81.5	71.9
Planned	10.3	20.9
Method failure	7.3	5.9
Receiving welfare assistance	20.1	19.9
Unemployment	38.1	33.5
Postpartum referral	60.8	57.5
Adopting contraception	96.5	91.5
Pill	64.8	62.3
IUD	15.2	15.8

* Period ending June 30, 1969.

level of welfare assistance, but the white patient reported a slightly better employment status. Last, the typical white patient was reluctant to use contraceptives, but when a method was accepted, the most probable choice was the pill.

Thus, the data reveal the basic dimensions of similarity among the patients' social, economic and medical poverty.

Continuity of Patient and Program

In any health service program, the ability to maintain contact with the patient is of utmost importance. A crude measure of the program's success in accomplishing this goal is suggested by a comparison of the total number of first admissions with the reported number of clinic closures during a specified period of time. A clinic closure is defined as any patient who keeps an initial appointment and subsequently terminates contact with the program by failing to comply with the revisit schedule. During the first year of program operation the estimated closure rate was 13.6 closures per 100 first admissions.

In other words, during the first year 86 out of 100 patients maintained active contact with the program.

A more refined analysis of oral contraceptive use was recently completed. This study, based on 2,023 patients who entered the program between July 1, 1967, and December 31, 1967, and who selected the pill as their first continuing method of contraception, revealed that the cumulative net probability of continuing with the pill was 0.70 ± 0.01 at 12 months and 0.60 ± 0.02 at 18 months. This was a first segment usage-analysis subject to six competing risks of termination. The cumulative net probability of accidental pregnancy was estimated at 0.04 ± 0.005 at 12 months and 0.05 ± 0.008 at 18 months. Thus both contact and continuity with the patient population has been established by the program.

IMPLICATIONS

The metropolitan New Orleans Family Planning Research and Demonstration Program was predicated on:

1. Demographic and social studies of medically indigent patients who were to be the primary recipients of the services.
2. Studies of the epidemiology of infant mortality, maternal mortality, prematurity, stillbirths, abortion and the availability and usage of existing health services and resources.
3. A detailed evaluation of all facilities and resources that could be used in the implementation of a family planning program.
4. Operational research in one county with a population of 34,700 was implemented in 1964, and used as a research area where problems of program design could be tested in a small population to gain some indication of their applicability to a metropolitan area of over one million. As a result of this development and consideration of behavioral, political, social and administrative variables, the program design for New Orleans was developed. These research findings indicated that criteria that required priority were:
    (a) decision-making in the program that could be adapted to serving the needs of the patients.
    (b) design and administration of the program to enhance the patient's privacy and individuality, and to respect her in-

telligence and freedom of conscience. This would help patients realize their desire to increase the quality of their own lives and that of their children.

Insofar as possible this program was designed and has been administered using these criteria as guidelines. No premises previously asserted by the health profession have been accepted as accurate until the hypotheses on which they were based were tested. In short, the program was designed to meet the needs of patients. Studies indicated that the major problems faced in implementing a family planning program in an area of over one million were organizational, political, social, administrative and educational and not motivational on the part of prospective patients. This implied two principles to be built into the design of the program and its administration. The first was to solve the anticipated problem by utilizing a variety of talents; it was known from the start that this multifaceted problem would require a multidiscipline team working cohesively. The second principle was the need to develop a unique structure that could be used as an instrument to implement the versatility, flexibility and brainpower in an effective manner.

5. After careful study of the data, it was decided that the most flexible, versatile administrative mechanism possible would be a private nonprofit corporation. Such a corporation was established and has been used to develop the capacity and test the ideas of modern management technology to decision-making processes involved in the development, administration and evaluation of the program. This has been a highly successful mechanism to this point. As long as the requirements of Items 1 and 2 are met, a variety of institutional and organizational mechanisms could be used to properly develop family planning programs. It is the authors' opinion, however, that programs that do not consider the factors delineated in Items 1 and 2 will not be successful in achieving their objectives.
6. Studies indicated:
   (a) a marked lack of information concerning reproductive physiology and contraceptive technology in this metropolitan area of over one million;
   (b) no organized services designed to meet the needs of patients were available;

(c) no adequate health delivery system was available to the population in which family planning could be incorporated. For these reasons the staff worked with the cooperating and participating organizations to design a system for the delivery of health care. Such a system had to be developed before a family planning program with the elements specified could be implemented and sustained; hence great emphasis was placed on creating the delivery system. Family planning was offered first, then prenatal care to be supplemented by many other components of primary health care as priorities dictate. All of the studies indicated the presence of strong motivation among the lower socioeconomic population, and especially among the economically deprived black population, for family planning services.

7. Summaries of the evaluation of results of the participation of lower socioeconomic patients during the first two years of the metropolitan New Orleans study have been presented in detail in the tables and the text. However, it is important to emphasize the following points:
   (a) From the initiation of the Orleans Parish program on July 1, 1967, through June 30, 1969, 17,459 families have become active participants in the program.
   (b) An estimated 85 per cent of all patients who entered the program during this two-year period are still keeping revisits, indicating continuing active contact with the program.
   (c) Over 95 per cent of the 17,459 families are from the black segment of the lower socioeconomic section of the population.
   (d) It is estimated that minimally an 80 per cent acceptance of services has been achieved in the 20–24 age group in the black female population of New Orleans within the two-year period of time.
   (e) The probability of a black patient keeping an appointment of any type has been six times as great as that of a white patient from a lower socioeconomic group.

These data indicate not only willingness to accept family planning but also very strong motivation and desire for these services among the lower socioeconomic population when offered in an acceptable manner. These families, with their intelligence and perception of their own life condition, recognize clearly that unless they have the power to control their own reproduction, they do not have the power to control their own destiny or that of their children. If services are made available to the lower socioeconomic segment of the population in the manner described, similar levels of acceptance can be achieved throughout the nation. In summary, the problem neither has been nor is in the patients, particularly in the black patients. It is rather the lack of an effective primary system for the delivery of health care to the indigent, and especially, the lack of a system to provide information about family planning and the means to deliver such services.

8. These results should effectively dispose of the myth that motivation does not exist among the black population for family planning, and the even more destructive myth that the federal government or any other agency is coercing blacks to practice family planning. These two assertions are, in fact, demeaning to the intelligence and ingenuity of indigent black families.
9. This paper has tried to make a clear distinction between family planning and the idea of population policy. Family planning is a valid health measure that is absolutely crucial to all families in this country, particularly those in the lower socioeconomic segment of the population who are suffering most from the lack of information and services that will grant them the power to control their own procreation. The studies indicate that unless the power is made available to the lower socioeconomic group, much difficulty will be encountered in solving major problems that are now obstacles to the attainment of family health and stability.

For these reasons, family planning must be a necessary part of the health services provided by any government regardless of its population. Although family planning is only a part of a population policy, even a nation wishing to increase its population should incorporate family planning into its health delivery system to produce a population of increased potential.

The hypothesis that family planning cannot reduce rates of population growth has not yet been properly tested. Many other social structural factors must be considered in a population policy. However, family planning must also be a part of any population policy. It would, therefore, be extremely dangerous to heed the advice of those who say that family planning programs have failed to reduce fertility rates before such a hypothesis has been adequately tested. This paper presents evidence that new approaches to program design and administration can produce results in terms of involving and maintaining patient populations. No claims are made at this time as to the ability of the program to reduce fertility rates. However, the impact the demonstrated levels of participation are having on fertility as well as health variables are being monitored and findings will be reported.

Other measures that have been proposed to reduce fertility—such as laws to postpone the age of marriage, punishing those who have illegitimate children, elimination of tax exemption for children and levying a tax on children—would be punitive and injurious to the child. No evidence is available to indicate that such laws would have the desired demographic effect. If the development of the child's potential is, as it should be, the nation's highest priority, these adverse effects must receive very careful attention. It is completely unrealistic to believe that any of these measures would be ruled by any existing state or federal legislature, or for that matter by governments of other nations. For this reason it is even more imperative to continue to stress the type of family planning programs described in this paper.

In discussing overall population policy, it should be made clear that family planning for the black population is not aimed at decreasing the number of blacks. The major reason for placing emphasis on family planning for black families as well as whites is to give them the power, not currently theirs, to control their procreation and thus benefit their families, the society, the children already born and the children to come. Without this power these families will be unable to overcome the major health, social and economic problems that have been described in this paper. The data presented here indicate that the lower socioeconomic segment, and especially the black segment, will grasp this power and use it to its benefit if it is made available in an acceptable manner.

SUMMARY AND RECOMMENDATIONS

The nation should proceed to give high priority to funding, development, organization and delivery of comprehensive family planning information and services to all families who lack this service. Inasmuch as the largest segment of the population not receiving these services are members of the lower socioeconomic group and the minority subgroup, high priority should be placed on the provision of adequate family planning services plus an adequate primary health care system.

Research is needed to determine the social and political factors that would encourage small family size. These studies must undertake to develop operational programs capable of achieving this end, but that do not penalize the child as a consequence. Special attention should be given to the development of a national policy that not only includes the lower socioeconomic group but also addresses itself to the problem of decreasing the rate of population growth in all classes of society.

The people, the congress and the administration should recognize that any population policy developed by this nation demands the highest emphasis on research in the area of reproductive physiology and contraceptive development. A very substantial increase in the amount of attention and effort in this area by the scientific community is absolutely essential for the implementation of existing population policies and those to be developed.

These priorities should be implemented simultaneously.

The United States and the world has amply demonstrated the capacity to increase its population at a rapid pace. Future generations will also have this option if they so desire. As a result of the rapid rate of growth, the United States and the world are failing to invest the human and economic capital necessary for the development of children. The goal must be to stabilize national and international populations as rapidly as possible. This will allow greater emphasis on the development of the human resources of children already born and on the large increase in the number of children that will inevitably occur in the next 30 years. It will also allow better understanding of mankind's social, economic and environmental problems and assimilate technology so that it can be applied to the solution of the problems.

It has been amply demonstrated that family planning is valid in itself for health and social reasons. Forces must be combined and the job must proceed of developing the data necessary to solve population problems through cooperative controlled investigation.

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DISCUSSION

Miss Gwendolyn Johnson: The aims of this program are to develop a system for delivering quality family planning service to indigent families; and to identify, contact and, if necessary, to educate the eligible women as to the virtues of family planning. The hypothesis appears to be the same as that upon which the family planning programs of many countries are based: that individuals will regulate their fertility if given the means and information and if educated as to the virtues of controlling the number and spacing of children. In reviewing the extent to which the program goals have been and are being accomplished, the authors are concerned with the effectiveness of the organization and administration of the program, and with the program's status as an instrument of social and health policy.

A question that this paper raises and for which there seems to be no simple answer is: To what may be attributed the considerable accomplishments of this program? Inasmuch as the primary intent of the program is stated to be the improvement of social and health conditions rather than the reduction of fertility, achievements must be measured first in terms of patient response to the program. A large proportion of the estimated eligible population has been contacted; a high percentage has accepted the service; and a remarkably high proportion of those who accepted the service are apparently continuing the practice of birth limitation. The reported continuation rates of 85 per cent may be considered as remarkable, in view of performances in other programs. The question of definition arises, however, in respect both to rates of acceptance and continuation of birth control practice, and a clarification of these terms would have been helpful.

It is worthwhile to consider some of the factors responsible for the extraordinary response. First, the program is based on quality information about the characteristics of the women; and therefore its educational component has probably been very efficient. Further, a high proportion of the women were contacted at a time when they were most susceptible to suggestions about fertility control, that is, in the postpartum period. Then, too, they are urban women and presumably affected by the public dialogue on family planning. In addition, the program provides elaborate machinery for referrals and follow-up. These conditions do not, however, fully explain this really high response rate.

Experience with the program in some other countries indicates that the lower socioeconomic groups tend to be less responsive, and that they often represent the hard core of noncontraceptors whose patterns of reproductive behavior are subject to change only after the small family has gained reasonably wide acceptance. In these countries, too, younger women do not constitute a high proportion of the total client population in the early years of the program. Initial acceptors in most programs have been older, high-parity women who had more than the desired number of children. The authors have provided evidence of contrary response patterns in the New Orleans program: women aged 20–24 have the highest rate of participation, though their relative numbers increased during the second year of the program.

One must presume that the black population, particularly, had apparently already accepted the small family norm that prevails in this country, but lacked the knowledge and means of adjusting its behavior accordingly. In view of this, and also because belief in the possibility of social advancement is widespread in black communities of the south, attitudes were favorable for behavior changes leading to fertility regulation. In this connection, it may be noted that, insofar as motivation is concerned, the problem for administrators of the New Orleans program differs considerably from that confronting personnel in the family planning programs of developing countries. In the first instance, it is the question of attracting to the program a group that had not conformed with a behavior pattern already established by the larger society. In the developing countries, on the other hand, the problem is one of inducing individuals to adopt values and behavior that are generally alien to the society. This might be a partial explanation for the comparatively high response and continuation rates among the New Orleans black women.

The authors emphasized that the services were offered and made available in a manner acceptable to the people, and I believe that this is a crucial factor in the program's achievements. The stress upon the health and social benefits of family planning reduced opportunities for charges that the program might be a political instrument of the government, thereby improving the likelihood that the black community would accept the program. Dr. Beasley and Dr. Frankowski have made no claims in respect to the demographic impact of the family planning program, although they are carefully monitoring such changes in birth rates as may become evident. One is tempted, however, to look forward to eventual declines in the birth rates, in view of the high level of response particularly among women aged 20 to 24 years—the ages at which fertility in this population group is at its peak.

There are some general implications here for family planning programs. The representation of family planning as an aid to family health and social stability may reap greater response than appeals on the basis of economic and other considerations that may be less meaningful to, or less easily grasped by, lower socioeconomic groups. Administrators of other family planning programs should be encouraged by this additional evidence that young, low-parity women of lower socioeconomic status will control their fertility and should seek such results in their own programs. In this connection, there is an urgent need for research on the various social, cultural and political conditions in which individuals will and will not adopt family planning within the context of an organized program.

Dr. Himes: I wanted to ask two questions of Dr. Beasley. First, I would like to know specifically what he did on coming into contact with the patients. What did he do to motivate them to get them to come to the clinic the first time? I can imagine difficulties of getting a lot of people into services of this kind. My other question is: Once he got them there, what did he do to keep them coming?

Dr. Beasley: I would like to thank Miss Johnson for her review of the paper. We are concerned with the problem of fertility and the impact of family planning on decreasing fertility. However, we are saying that this is an hypothesis that needs further examination.

In relation to the questions that Dr. Himes asked regarding what we specifically do to motivate patients to come to the clinic the first time, I would say that we have found very little evidence that this segment of the population was not already motivated to the practice of child spacing. I think this is one of the major factors in program adoption. What we found was ignorance and the lack of availability of acceptable services, even ignorance of the fact that they could control reproduction.

We located a universe of patients, down to the name and address by the use of vital records, health records and records of the official agencies in the city. We developed a health manpower system for outreach work and now have 40 nonprofessional people in the New Orleans program who are working under professional supervision in the neighborhoods of the patients.

We contact every postpartum patient, and every patient in the identifiable universe. We are constantly working on the nonidentifiable universe in terms of making it an identifiable universe, and we are trying to learn more about the group of patients that we are not reaching.

The second problem is patient education. Our thrust is a combination of motivation plus education: education as to what reproductive physiology is, education as to what family planning is, education about the methods of family planning including what is available, the problems with methods and the good points of the various methods and so forth. The objective is full education to ensure that the individual is in a position to make a choice—an educated choice. The patient's total first contact time is about two and one half hours. Only ten per cent of that time is physician time.

The third problem is the education plus maintaining patient contact. This entails the follow-up system that we have developed recognizing that patients are living on a day-to-day basis. Frequently, there is extreme alienation and resistance to health and welfare delivery systems. Patients distrust the system; yet the fact is that many patients who miss one appointment will make another appointment and keep it if someone expresses concern about them.

Another vital element is that we respect the patient as a mature human being. We believe patients will react positively to a program that is developed with their consent and in their own behalf. I think that this plus the systematic application of modern technology is directly responsible for the observed response to the program.

Dr. Frankowski: I would like to expand several points Dr. Beasley mentioned. An important element in the initial contact with a prospective patient is highly individualized attention. Prospective postpartum patients are personally contacted during their confinement period by program nurses. Outside the hospital setting, prospective patients are individually contacted by auxiliary health workers. These health workers are recruited from areas where the majority of the patients reside and are given specialized training in the techniques of patient contact. In general, these workers identify themselves with the patients and exhibit a high degree of empathy.

Relative to patient continuation, there is an exceptionally broad spectrum of medical and social services available to the patient. These services include prenatal care, postpartum care, contraceptive services, annual medical examinations and special educational and social services. We are attempting to establish a cycle of patient care. Whenever a patient misses an appointment for one of the services, a follow-up procedure is initiated. The patient is thus encouraged to take advantage of all the available services. This follow-up mechanism is an important factor in maintaining contact with the patient and is not restricted to contraceptive use.

Dr. Cornely: What is the cost of the program? I am interested in this, because in trying to project this over a 50-state plan, I would like to know about the cost. I am beginning to have some suspicions about this kind of program that on the surface appears to be voluntary, but that may not be entirely so. Also the total birth rate in this country is fairly stable and our rate of growth is pretty small. To try to put this plan into operation on a nationwide basis is questionable.

Dr. Beasley: In our study of patterns of maternal mortality, infant mortality, and stillbirths, approximately 1,200 deaths were involved, for which we had access to a substantial number of postmortem examinations, coroner's reports and complete hospital records. This was a retrospective study in which we examined the characteristics of the deaths, and factors of the socioeconomic environment in which the deaths occurred.

These are all multifactorial problems that are quite complex, but from the study we concluded that 55 per cent of the infant deaths occurred to women who, prior to the time of conception, had health characteristics that placed them in a "high risk" category. These women faced a relatively high chance that the pregnancy would result in a catastrophic event either for mother or child. Let me illustrate this point. Some women who have six or seven pregnancies will develop chronic high blood pressure, and with this development are associated changes in the arteries going to the placenta. These are structural changes that mean that if this patient becomes pregnant again there would be interference between her circulation and the circulation through the placenta to the baby. So no matter what type of care you give the mother after she becomes pregnant, there is little that you can do for her.

Because of this, we felt that the medical treatment for such a patient is contraception, just as the medical treatment for someone having active tuberculosis is medication.

To allow a high-risk patient to continue such a cycle, I think, is medical negligence.

From a demographic standpoint, we formed the hypothesis that if you reach only the high-risk group of patients and offer them contraception or if you confine your health care system to the high-risk patient, then you are too late.

What this means is that to affect morbidity and mortality criteria with a family planning program, you have to look at the total universe in terms of introducing rationality in the reproduction cycle. There is an optimum time for a patient to become pregnant, and the point we are making in our program is that you have to look at the total reproductive cycle of the human being. To affect infant mortality and decrease morbidity you have to prevent women from getting into the high-risk position, and the way to do that is to change fertility practices. Spacing is a major controllable factor.

It has been our position in planning that once women become high risk, then care itself, whether it be at Boston Lying-In, Mayo Clinic, Charity Hospital of Louisiana, or what have you, cannot appreciably affect the outcome of the pregnancy.

This is one reason that we have done two things in our program design. One is that we attempted to identify the high-risk population; we contacted this high-risk population and offered them contraception and they have accepted it as a subgroup at almost the same rates as the other segments of the population.

But, we are also trying to prevent women from becoming high risk by giving them the power to control their fertility by child spacing.

We believe there are implications here for national policy. On the one hand we might spend, as a government, a million dollars to set up clinics for high-risk patients only. However, if you can assist in the adoption of child spacing for the universe of this population for the same amount of money, I think that you have a greater chance to effect mortality and morbidity variables. No country that has reduced the birth rate below 30 has ever failed to reduce its infant mortality.

Perhaps I did not fully answer Dr. Cornely's question. I did not think I said anything about 50 states. I do think we need to put in comprehensive family planning in 50 states, and I think it should be a very high health priority. This is what I mean: we must have a delivery system.

Obviously, one has to look at medical needs other than prenatal care. The only point I am making is that to alter morbidity and mortality you must begin to assist couples to have a conception under conditions in which there is the greatest probability that the product of the conception will have the optimum chance to develop his physical, emotional and intellectual potentialities.

What I am getting at is that the lower socioeconomic group in this country is the prototype of a developing country. In the area in which I work we did not have a system for the delivery of health care. We built a system; we first added the family planning to it, and then we added prenatal care to it.

We will not be able to reduce the morbidity and mortality variables until we begin to look at the fertility practices before the time of conception. By changing the circumstances under which people reproduce, we can increase the probability of a successful outcome. Unless we can do this we limit very greatly what we can do with very expensive medical care after the conception has occurred.

Dr. Hauser: But, Dr. Beasley, would you disagree with this? I think you miss what I would call the major thrust of what Dr. Cornely said. I think I would try the proposition that if you increase income levels through adequate jobs, employment and adequate education, you would cut infant mortality in this group a lot more than anything you could do with your program. Do you disagree with that?

Dr. Beasley: The infant mortality rate began to go down in western Europe with the advent of the agricultural revolution. It went down further with the advent of the industrial revolution.

However, we must consider what is feasible in terms of the contemporary situation, and to recognize that family planning is a health policy in itself. It should be implemented, and it should be implemented as part of the total comprehensive health service we are working toward. It should also be implemented as a part of the population policy we should be working toward formulating.

I think we need to begin to think realistically in the United States, not in terms of what would be perfect, but what we can do to help poor families at this time. I completely concede the importance of the social-economic development. But it is a matter, now, of what can we do rather immediately with the present resources.

Dr. Edwards: I can understand the high rate of response in terms of the motivational factors, both in terms of the patients themselves and the structural ones. This program really has an outreach that I think is good. The question I want to ask is a very simple one: All that we know about social service programs leads to the conclusion that there are impediments to getting the high response rates you have had. These apply, especially, to the lower-income family—to the problems of getting day care services to get to the clinic, and also transportation services. In many cases potential clients cannot meet the costs of taking care of these things. I would like to know how these things might have entered into your planning for problems that might have contributed to low responses.

Dr. Valien: I am quite impressed with the attention Drs. Beasley and Frankowski give to the political aspects of the population situation. I would like to know whether this is in reference to some specific situation that exists in that community.

Dr. Beasley: I would say that we do not have a cookie-cutter; we do not think we have a universal answer to the problem of conducting and administering family planning services. We realize that one must be concerned with politics, logistics, anthropology, sociology and family structure of any particular community one deals with, and these vary greatly, both in the United States and in developing countries.

However, we are concerned with trying to develop managerial and educational methodology and with the importance of trying to identify problems that have some applicability. I think that just as some biologic principles may have general applicability, that modern specialties such as communication technology and managerial technology have general applicability. We are trying to identify such systems and test them in various areas.

We are implementing a comprehensive program in one state that has a low per capita income and a very low level of delivery of health services. We have had to work with many agencies in developing a system of delivery in which there are a variety of components.

The cost of delivery of family planning varies, depending upon the quality of the health care delivery system. If there is a good system to which one can add family planning, such as an operating postpartum program, you can add family planning for as little as four to eight dollars per patient per year. In some areas where health services are not highly developed it may cost 100 to 120 dollars per patient, per year. An average of at least 65 or 75 dollars per patient per year will be necessary to provide these kinds of services in the United States.

For this reason, we think that the Bureau of the Budget is absolutely incorrect when they talk about 20 dollars per patient per year. A program financed at this rate will be extremely unsuccessful. If that is all one is going to spend, he should spend it in the postpartum area.

Dr. Arnold: I want to speak of "high risk status" as an alternate way of examining the need for family planning services. I think that Beasley and his co-workers have pursued high-risk parity in relation to family planning more than others.

In addition to the normative considerations about the need for family planning and unwanted pregnancies (such as, "ideal family size;" "expected family size" and the like), there are medical considerations as well. These are related to the social structural characteristics of the mother and to her state of health including pregnancy itself. Beasley has indicated these in Tables 9 and 10. Of the variables presented, the most representative of medical criteria are: age, previous disease status of the mother and reproductive experience, particularly the existence of a previous illegitimate birth, a premature birth or a fetal death. Each of the latter indicates the possibility of important underlying social biologic processes that may influence subsequent pregnancies. These issues constitute biologic criteria for "need of family planning," which should be incorporated into research and program strategies.

Dr. Karl A. Smith: I would like to make a few remarks, not particularly related to Dr. Beasley's paper.

First of all, I would like to thank the Milbank Fund for having invited me to attend. I see that I am the only person here from outside the United States.

I asked myself a few questions when I was invited. Why was I invited? The subject is something that does not intimately concern me. However, I assumed that probably you wanted me to be educated a little about the demographic trends of blacks in the United States. Perhaps you wanted my interest in demography to be developed a little more, and perhaps you wanted me to comment on what is happening in Jamaica.

The next question was: What is this all about? Is this just an academic exercise? It is obvious from some of the discussion here that even if it is an academic exercise, many people involved are not going to leave it as just an academic exercise, and that pleases me very much. I can see that many people here are very much involved in their community. Dr. Cornely's speech firmed up my opinion and demonstrated to me that academics can no longer just sit in their ivory towers and forget what is happening in the world.

This gives me an opportunity to say what I really am. Dr. Kiser told you that I am a medical doctor. I had training in medicine, but I think that I am forgetting what I had. I got myself involved in social and other aspects of family planning. I have managed to confuse the people in Jamaica, because many of them think I am a sociologist. The sociologists do not like to hear this. Some think I am a demographer, and the demographers do not like to hear this. Actually, I spend most of my time now in teaching and my training is in epidemiology.

As described in the discussions, some of the things seem to be very similar to the situations in Jamaica, and other things are quite different, and I feel that I must learn from them.

The historic similarities, of course, you are all aware of. Most of the islands of the West Indies have a majority of whatever the term is now—I hear Negro and I hear black, but people who look like me. This sort of pattern was set some 300 years ago. So it does not make sense for us in Jamaica to be talking about whites and blacks and Negroes. I think the same sorts of things arise, but they take on more the appearance of class structure and the differences between classes.

But we sometimes ape things that happen in the United States and the black power movement spilled over to Jamaica. Some people there are not quite sure what the term means. Some say we have had black power in Jamaica for at least seven years, that is, since we gained our independence.

I want to say a few words about the institution of marriage. When this was discussed earlier, I thought several things seemed familiar to us in Jamaica. I can remember in my work recently that many respondents, when asked about childbearing before marriage, for instance, would say that marriage was only for the rich, not for the poor. Many said they would get married in time, and this is true; most Jamaicans do get married at a late age, but sometimes it is after their children have married.

Some people want to have proof of fertility before marriage. I do not know whether anybody mentioned this with respect to the United States situation, but I thought one or two came pretty close to it. The strange thing, though, is that most people look up to marriage as the ultimate. They have status once they are married. However, there are a few who, seeing marriages that have failed, will say, "Well, I don't want to enter into it." I remember one girl in particular who regarded a certain wedding ceremony as a circus performance, and she described it as a "puppy show"—a puppet show. She did not want to have anything to do with that sort of performance. So there are many overtones to the attitudes toward marriage.

Dr. Hauser kept saying that we should include in our demographic indices the thing that we in Jamaica call the "visiting relationship." It seems quite clear that we must have a more relevant set of indices than those afforded in official data to describe relations of this type. The middle-class indices, I am afraid, are not adequate.

As for genocide through family planning, I think that this argument is used by a minority, the black power people and a few withdrawn from society.

In fact, the progress of family planning in Jamaica, overall, has been quite striking in the last four or five years. The government came out with a program only five years ago, but we now have a situation in which the middle-class attitudes are changing; the moralizing is disappearing. We have a phase in the national program, now, in which we are bold enough to have advertising of family planning services.

The traditional attitudes that we have discussed are still very much in evidence. At the one extreme we have these very modern advertising gimmicks, and at the other end we have people still talking about drinking a glass of water and spinning around three times as a contraceptive measure. So we have a whole gamut of development. We have the very primitive attitudes still remaining while we have people saying, "Young girl, you don't have to get pregnant, go and do this, that and the other."

There still seems to be a great deal of fear in the rural areas with respect to contraception; fear that is part of the traditional agricultural context of the thing; "we're not rushing to try out these new-fangled ideas." Some of the fears are expressed quite well; others are very vague, just a fear of something new. The fear that most express is that, somehow, contraceptives will ruin one's health.

The business of male responsibility came out in the discussions; the male taking the responsibility for contraception. Speaking of the rural parts, again, I think this is a very great problem. I cannot speak for urban areas because little research has been done. But what I have found is that the men just will not take the responsibility. We know that millions of condoms are sold in Jamaica annually, but our impression is that these are used not as contraceptives but as prophylactic measures against disease. In the rural areas where we offer family planning facilities there are just about three men out of a population of about ten thousand who have come forward and asked for the condom.

I shall touch on the *machismo* complex very briefly. Men are still boasting, not only of their conquests but of the number of children they are siring. Two weeks ago I happened to talk to a man in the country who was boasting that he had 22 children, 14 of which were with his wife. This attitude still prevails, and I think it is going to take a great deal of education to get people to change such attitudes.

Dr. Beasley's paper dealt with the potential impact of a national program of family planning. In Jamaica, my impression is that it is the young women, say those 19 to 25, who are making the greatest use of the services. These are women who have had two or three children. Quite often it seems that these are women who have had an opportunity to see what it means to them personally to space children. They have had a job, and for the first time know what it means to get cash regularly, to be able to buy clothes and to fix their hair and wear nice shoes and go to the movies and so on. They are quite determined that they will continue using contraception because they do not want to go back to their previous situation. So it seems to me that these are the people on whom the impact has been made.

Somebody talked about intention versus action. I think Dr. Beasley managed to get very large percentages of people who were eligible to use the services. In our situation, only five or ten per cent of people who at an interview said they were ready to use contraceptive services actually turned up two months later to use them. After several letters, messages and visits, the situation did not improve markedly. So we still have a great deal of education to do in those cases.

The question on which several participants seemed to get hot under the collar was this business of our not looking closely enough at the behavioral component of what you get in demographic indices. I do not want to get involved in this again, but, as an epidemiologist I feel that we have to be very careful about how we interpret some of the material, and to be aware of the various types of bias that can creep in.

I think I agree with Dr. Beasley when he says that we need to go still deeper into the sociopsychological, political—and I would add logistical—factors that will determine how much use people make of the services.

We have in Jamaica, a small island with a population of under two million, about 140 centers offering contraceptive services. We are not satisfied that people are making best use of these. People certainly are not tumbling over each other to use the services, despite our advertising. So there are psychological and perhaps even political undertones in family planning programs. I would agree about the need for very detailed cross-tabulations to enable us to look at some of the materials more closely, and perhaps better understand the meanings of responses. I think one has to be very careful as to what conclusions one arrives at from responses people give.

The statement that some people regard children as "old age pensions" is very valid as far as Jamaica is concerned, and I suspect that the only way we are going to get around this is to establish something that will take its place such as a Social Security scheme. I do not know what the Social Security situation here is for unemployed and poor blacks. In our country there is a national insurance scheme that is growing, and this may be the answer to that question.

The pill seems to be gaining favor in Jamaica. The loop was previously pushed because of the obvious advantages in terms of followup, and the belief that it is almost a one-shot method. I do not agree that it is a one-shot method. Programs get into difficulties when people hold the opinion that you put a loop in and forget about it. In our experience, people have fears about the loop and you must follow them up and reduce their fears.

So there has been a swing to the pill recently, even though rural people have difficulties. They forget to take the pills, they get tired of taking pills, they lend out pills, they borrow pills and the whole schedule is mixed up. I think perhaps there will be a swing back to the loop after some time but I am not sure.

Miss Johnson mentioned some things that seemed to strike home to me: the importance of planning and follow-up, and the importance of not giving the impression in offering the services to people that you are asking them to lose their dignity.

I think we have run into difficulties at each of these stages. I do not think our program was too well planned, certainly we were not nearly as sophisticated as Dr. Beasley was in his whole planning process. The follow-up leaves much to be desired, and I think that many of our professionals and the paramedical people might have given the clients the impression that the project was some sort of charitable thing. They might have given them the impression that they were coercing them into something.

FAMILY PLANNING IN THE NEGRO GHETTOS OF CHICAGO

DONALD J. BOGUE

A number of studies have discovered that the potential for family planning among Negroes is much greater than had been appreciated. Moreover, the Negro birth rate has declined so rapidly during the decade 1957–1967 (and presumably has continued to decline right down to the present, although data are not now available) that some people have begun to predict the rapid diminution and eventual disappearance of the differential fertility between whites and Negroes. Taken together these findings suggest that a substantial percentage of the bright potential has been transformed into action during the recent decade. The study by Westoff and Ryder in the present conference confirms this. However, when one attempts to pursue in detail the family planning activities of poverty stricken Negro slum dwellers, a major problem arises. National sample surveys, such as those upon which Westoff and Ryder base their report, have one serious drawback: the sampling plan yields too few cases of bonafide poor Negroes to permit detailed analysis. An alternative procedure must be used if the black ghetto is to be studied intensively. Such a project has been undertaken in Chicago. This paper is the first report of that project.

DESCRIPTION OF THE SURVEY

All census tracts in the city of Chicago in which the median family income was below $5,500 per year in 1960 was the universe from which this sample was drawn. This corresponds to approximately 1,500,000 persons who live in the inner city of Chicago and compose the least wealthy half of the city's population. The tracts were arrayed in ascending order of median income. Using block data, a cluster sample (with blocks as the cluster unit) was drawn with five dwelling units per cluster. The probability of a particular block falling into the sample was proportionate to the number of dwelling units it contained in 1960 (blocks with fewer than 25 dwelling units were combined with an adjacent most similar block for purposes of establishing clusters). Interviews were held with all women 18–44 years of age living in the sample households. A sampling fraction intended to yield a total of 1,200 cases was used. Demolitions, refusals, not at home and so forth reduced the final sample size to 1,010. The present report is based upon these data. It is restricted to Negro respondents, although comparable data were collected for a much smaller sample of white low-income residents. The interview was performed during the calendar year of 1967, although follow-up of difficult cases continued until August, 1968. This first report will be confined primarily to reporting distributions only. Later reports will analyze in more detail the wide range of topics covered here.

IDEALS OF REPRODUCTION

As part of the inquiry, the "ideals of reproduction" of this sample of ghetto women were inventoried. The data concerning these ideals provide evidence that the ideals of reproduction of Negro ghetto dwellers are lower, rather than higher, than those of the public at large.

Ideal Number of Children

When asked what they regarded as the ideal number of children for persons in their socioeconomic status, the results shown in Table 1 were obtained. When these statistics are compared with similar data from an all-Chicago survey of 1959, they reveal that the fertility aspirations of Negro slum dwellers are substantially lower than those of white Chicagoans, and those of the Negro population of 1959.

Ideal Age at Marriage

When asked what they regarded as the ideal age to get married, slightly more than one-half stated age 23 or older (see Table 2). This stands in sharp contrast with the fact that in 1960, nearly one-half of all nonwhite females were married before they were 20 years old. Inasmuch as the 1960 pattern for white females was quite similar to that for nonwhite, it can be emphasized that the ideal age at marriage of the

TABLE 1. IDEAL FAMILY SIZE EXPRESSED BY GHETTO NEGROES IN 1967, COMPARED WITH SIMILAR DATA FOR CHICAGO, 1959

Ideal Number of Children	*Ghetto Survey 1967*	*All Chicago Survey, 1959*	
		White	*Nonwhite*
Total	100.0	100.0	100.0
No children or one child	14.0	3.1	5.6
Two children	37.3	16.2	32.7
Three children	16.3	30.1	19.4
Four children	23.2	33.4	34.9
Five children or more	8.9	17.2	7.3
No information	0.3		

Source: Data for 1959 from Blair, A. O., A Comparison of Negro and White Fertility Attitudes, *in* Bogue, D. J. (Editor), SOCIOLOGICAL CONTRIBUTIONS TO FAMILY PLANNING RESEARCH, Chicago Community and Family Study Center, 1966.

TABLE 2. IDEAL AGE AT MARRIAGE EXPRESSED BY GHETTO NEGROES IN 1967, COMPARED WITH ACTUAL MARRIAGE PATTERN OF U.S. POPULATION

Age at Marriage	*Ghetto Survey 1967*	*U.S. Marriage Patterns, 1960*	
		White	*Nonwhite*
Total	100.0	100.0	100.0
Under 20	14.0	47.4	45.1
20 years	11.6	13.2	11.2
21 years	12.6	10.6	8.9
22 years	9.3	8.2	7.0
23 years	8.3	5.4	5.5
24 years	8.9	3.6	4.3
25 years	18.2	2.6	3.5
26 or more	12.4	9.0	14.5
No information	4.8		

Source: Nuptiality tables for white and nonwhite females, 1955 to 1960, *in* Bogue, D. J., PRINCIPLES OF DEMOGRAPHY, pp. 628–630.

ghetto dwellers in 1967 was far older than the actual performance of females generally in 1960. Whatever mass popularity teen-age marriage may have had in the late 1950's and early 1960's appears to have largely dissipated by 1967 in the slums.

Interval Between Marriage and Birth of the First Child

The women were asked what they regarded as the ideal interval between marriage and the arrival of the first child. About 60 per cent preferred an interval of two years or more. Only 8.5 per cent of the respondents said that the ideal interval was less than one year. Another 30 per cent judged the ideal interval to be one to 1.4 years.

In the absence of contraception, more than one-half of the fertile women would bear a child within the first year of marriage. By the end of the second year of marriage, more than 90 per cent would have borne a child. It is therefore clear that only a small minority of the respondents regarded it as an ideal situation to have no contraception between marriage and the arrival of the first child. In fact, the typical repondent implicitly expected a year to a year and a half of contraception before the first child was conceived. A surprisingly large proportion (20 per cent) of the respondents regarded it as ideal to wait for 2.5 years or more before the arrival of the first child.

Ideal Age to Complete Childbearing

When asked what they regarded as the ideal age at which childbearing should be completed, 38 per cent said that childbearing should be completed before the age of 30; 71 per cent believed childbearing should be completed before the woman attained the age of 35 years, and more than 85 per cent were of the opinion that childbearing should be completed before the age of 40 years.

When one considers that the average woman arrives at menopause sometime between the ages of 40 and 45, it is clear that the vast majority of these respondents regard it as normal or ideal to enter into a phase of perfect contraception long before the arrival of menopause. On the average, women regarded it as ideal to have completed childbearing by the age of 30 or 31. Thus, ten to 15 years of perfect contraception will be required after the attainment of the ideal family size.

Desire for More Children

When asked "How many more children would you like to have?" 77 per cent said they wanted no more. Nine per cent wanted one more and six per cent wanted two more. Slightly over five per cent said they wanted three more, four more, or more than four more children. These statistics refer to all women age 18 and above in the sample household, irrespective of their parity; it is clear that the motivation or desire to curtail further childbearing is very high indeed.

Summary

Irrespective of the point of view from which these attitudes are examined—the ideal number of children, the ideal age at marriage, the ideal interval between marriage and the arrival of the first child, the ideal age to complete childbearing or the desire for more children—absolutely no evidence is found of a "high fertility culture" among the slum dwellers of Chicago. If anything, these data reveal an "anti-natal" subculture to which an impressively large segment subscribes. When compared to similar statistics for the white population, the ghetto dwellers scored lower on these indices of propensity for childbearing. These are the attitudinal responses one would expect of a population that is destined to approach stationary growth in the near future.

NEGRO SEXUAL BEHAVIOR

Before proceeding further with this analysis of family planning in the black ghettos of Chicago, it is necessary to digress to provide a few statistics about the sexual life of the typical Negro slum dweller. This will provide a perspective from which to view the actual contraceptive behavior of these people and the reasons for their recent high fertility.

When asked about their present marital status, the women gave the following responses:

Single (never married)	15.9%
Married, living with husband	57.1
Separated (estranged)	15.2
Separated (work, other)	1.8
Widowed	3.7
Divorced	5.9
No information	0.4

Thus, slightly over one-half of the women of mature reproductive age were married, living with husband. One-third of all ever-married women had a broken marriage.

Current Sexual Activity

Women who were not married and living with spouse were asked, "Are you having sex relations more or less regularly, say once a month or oftener?" When women who are married and living with spouse are added to the responses for this group, the following distribution of current sexual activity is obained:

Is having sex regularly now	86.9%
Had sex formerly, not now	11.6
Has never had sex	1.0
No information	0.5

TABLE 3. AGE AT FIRST REGULAR SEX RELATIONS

Age	*Per Cent*
Under 12 years	0.8
13 years	2.8
14 years	5.9
15 years	12.8
16 years	14.1
17 years	10.3
18 years	10.4
19 years	7.4
20 years	5.1
21 years	2.0
22 and over	1.9
Never had sex	1.0
No information	25.6
Total	100.0

Thus, 20 per cent of the respondents reported that they were currently having sexual intercourse more or less regularly outside a regularly established marriage. A substantial share of the 11.6 per cent who formerly had sex relations, but had not been sexually active during the month preceding the interview, were not in a state of permanent abstinence, but presumably were awaiting a new sexual partner. It is probably not incorrect to estimate that at least 90 to 95 per cent of the women aged 18–44 in this population is sexually active during a substantial part of each calendar year and is, therefore, annually exposed to the likelihood of pregnancy.

Age When Started Regular Sexual Activity

Each respondent was asked, "How old were you when you first started to have sex relations regularly, say once a month or oftener?" The responses are shown in Table 3.

Because this is a somewhat delicate question, the interviewers failed to ask it of one respondent in four. Making allowance for the possible bias of this nonresponse, it may be assumed that one-half of all respondents were sexually active on a more or less regular basis by the time they reached age 17.5 years, and that at least one-fourth of the respondents were regularly sexually active by the time they had celebrated their 16th birthday. Inasmuch as the median age at first marriage of this group was 19 years, it is clear that the average girl who is brought up in the slums of Chicago is exposed on an average to about one to two years of sex relations before marriage. For some girls the duration of this premarital sexual activity is considerably longer.

Age at Birth of First Child

Irrespective of marital status, respondents were asked how old they were when they bore their first child. As shown in Table 4, more than half of the respondents had been teenage mothers.

Pattern of Sex Relations

By comparing the information given above with the pregnancy history (obtained in another section of the interview) the pattern of sex relations was established. The classification is shown in Table 5.

What emerges from these data is a picture of a high prevalence of teenage pregnancy resulting from uncontracepted premarital sex relations that begin at a young age. The ideals of marriage, described earlier, contrast sadly with the actual facts. It appears that a majority of Negro ghetto girls are thrust into marriage or childbearing under

TABLE 4. AGE AT BIRTH OF FIRST CHILD

Age	*Per Cent*
Under 15 years	4.3
15 years	4.6
16 years	10.7
17 years	12.3
18 years	13.1
19 years	10.7
20 years	8.1
21 years	8.4
22 years	4.6
23 years	4.3
24 years	2.9
25 and over	7.4
Has never borne a child or no information	8.7

TABLE 5. PATTERN OF SEX RELATIONS

	Per Cent
Began sex relations at time of marriage, apparently not before	17.8
Began sex relations before marriage, pregnant or had borne a child at time of marriage	47.6
Began sex relations before marriage with interruptions, did not have sex continuously until marriage	2.3
Began sex relations before marriage; still unmarried	14.8
Unable to determine	16.5
Never had sex	1.0

TABLE 6. DURATION OF RELATION WITH PRESENT SEX PARTNER

	Per Cent
Numerous sex partners or no information	8.3
Less than six months	1.9
Six to 11 months	2.8
Twelve to 23 months	3.8
Two to 4.9 years	13.0
Five years or more	4.2
Married, living with husband	58.3
Single, widowed, divorced, separated, not having sex relations at present	7.8

circumstances that do not match their ideals of courtship, preparation for marriage and postponement of childbearing for a time after marriage.

Duration of Living with Present Sex Partner

Lest the above statistics give the impression that almost one-half of the slum population is completely promiscuous, information on the length of time the respondents have been having sex relations more or less continuously with the same boyfriends should be noted. Table 6 summarizes this information.

Much of the sex activity outside formal marriage has the aspect of common-law marriage. As often has been noted, this is probably an effort on the part of low-income Negroes who have suffered a broken marriage or who bore illegitimate children while still teenagers to have a normal sex life and at the same time avoid losing financial support from A.D.C. for children already born.

Frequency of Sex Relations.

The respondents who currently had a husband or boyfriend were asked to report the frequency with which they engaged in sex. The results were as follows:

3 times per month or less	12.6%
4 to 7 times per month	45.8
8 to 11 times per month	19.2
12 to 14 times per month	3.5
15 or more times per month	7.5
No information	11.4

This distribution does not indicate a level of sexual activity very much different from that reported for the general population.

Attitude Toward Sex Relations

Each respondent who reported frequency of having sex was asked "Do you feel that this is too often, just about often enough or not quite often enough?" The distribution of responses was as follows:

Too often	5.8%
Just about often enough	70.4
Not quite often enough	8.8
No information	15.0

The evidence of dissatisfaction with the frequency of sex, either that it is too often or not often enough, is apparently minimal in this population.

Enjoyment of Sex Relations

Each repondent who was sexually active was asked "How do you feel about sex relations?" The choices they were given in which to categorize their responses were as follows:

Enjoy them tremendously	44.5%
Get a mild enjoyment from sex	32.0

Neutral, don't feel much either way	9.2
Find sex a little unpleasant	2.8
Find sex very unpleasant	0.6
No information	10.9

Thus, the picture of widespread disinterest or even dislike for sex, which has been painted by Komarovsky, Rainwater and others for the wives of white "blue-collar marriages," does not seem to typify low-income Negro respondents.

Summary

Although only 57 per cent of the women 18–44 years of age was married and living with spouse, all but a very small fraction currently were sexually active or had recently been sexually active. In their youth these women had been sexually precocious and a substantial minority had borne at least one child out of wedlock. However, the present extramarital sex relation has many aspects of common-law marriage rather than complete promiscuity. The frequency of sex relations does not seem to be unusually different from that of the average of the total population. However, the sexual adjustment of the respondents both in terms of satisfaction with the frequency with which sex takes place and their enjoyment of sex appears to be substantially better than that reported for comparable white populations.

ATTITUDE TOWARD FAMILY PLANNING

Attitude of Respondent

Each respondent was asked, "How do you feel about birth control (family planning)?" She was requested to categorize her answer in one of five categories as reported in Table 7.

Overwhelming approval for family planning is implied by these data. Four out of every five respondents approved of family planning; about one in ten was neutral, and about one in ten was negative. In comparison with 1959, two interesting changes appear to have occurred: (a) polarization and (b) slight decline in approval of family planning. In 1959, a large proportion of Negro repondents had approved family planning, but only moderately. By 1967, the "moderate approval" category had shrunk considerably in favor of "approve strongly." However, in 1959, there had been very little "disapprove strongly" sentiment, although there was a substantial amount of "moderate disapproval." By

TABLE 7. ATTITUDE TOWARD FAMILY PLANNING OF GHETTO NEGROES IN 1967, COMPARED WITH SIMILAR DATA FOR CHICAGO, 1959

Attitude Toward Family Planning	*Ghetto Survey 1967*	*All Chicago Survey, 1959*	
		White	*Nonwhite*
Total	100.0	100.0	100.0
Approve strongly	61.4	25.2	48.4
Approve moderately	19.1	51.4	38.4
Neutral	8.9	4.7	1.8
Disapprove moderately	1.9	12.7	9.5
Disapprove strongly	8.3	6.1	1.8
No information	0.4		

Source: Data for 1959 from Blair, *op. cit.*

1967, the proportion of "disapprove strongly" had risen, while those who disapproved moderately had diminished. Perhaps the issue of "black genocide" and birth control has helped to create this polarization. The proportion of ghetto respondents who were neutral or negative was slightly higher in 1967 than for the total Negro population of 1959. It is possible that the controversy over birth control for Negroes has eroded approval of family planning somewhat, although it is still overwhelmingly positive.

Attitude of Husband

Each respondent who was currently sexually active was asked "How does your husband (boyfriend) feel about family planning?" The results were as follows:

Approves strongly	49.1%
Approves moderately	16.1
Neutral	14.0
Disapproves moderately	2.6
Disapproves strongly	9.0
No information	9.2

Although the level of enthusiasm of males for family planning was moderately lower than that of females, the overall tone is strongly positive. Prevalence of outright animosity was no greater among the men than among the women. Instead, a somewhat larger percentage of males than females falls into the neutral category. When allowance is made for the percentage of women who reported that they did not

TABLE 8 KNOWLEDGE OF METHODS OF CONTRACEPTION, ESTIMATE OF RELIABILITY BY RESPONDENTS AND USAGE OF CONTRACEPTION

Method	*Have Heard of Method* %	*Rate Method as Reliable* %	*Have Ever Used Method* %	*Method Currently in Use* %
Birth control pill	97.9	69.8	39.4	32.2
Condom	96.0	24.5	52.7	7.8
Douche	80.1	18.2	43.8	12.0
Suppository	77.3	18.7	25.8	3.0
Aerosol foam	76.2	34.2	28.3	6.5
Diaphragm and jelly	70.4	27.0	12.5	1.7
Withdrawal	64.1	15.0	19.7	1.6
Jelly and cream	53.0	20.7	10.8	0.6
Injections	49.1	42.5	1.8	0.9
Rhythm method	46.8		7.4	1.7
Intrauterine device	42.2	48.4	2.5	1.4
Sterilization				7.2
Not using contraception, fertile, exposed				23.4

know how their husband felt, the distributions for men and women is not too dissimilar. Certainly it would be incorrect to draw any inference other than that the overwhelming majority of ghetto Negro men approve of family planning and that a near majority, if not full majority, approve of it whole heartedly.

Summary

Among Negro low-income residents of the slum, the attitude of both men and women toward family planning is overwhelmingly favorable. Negative feelings are expressed by only a minority of about 10–13 per cent. An additional 10–15 per cent is neutral.

KNOWLEDGE OF CONTRACEPTION

For 11 different methods of contraception, each respondent was asked, "Have you ever heard of ——— (method)?" Table 8 shows the proportion of women who have heard about each method.

From these data is it clear that no one need deceive himself that the women of the slums are uninformed about the possibilities and methods of family planning. The fact that 98 per cent of them had heard of the pill is a tribute to the sustained program of education and communication that has been maintained in Chicago low-income areas over the past several years. This could also apply to the comparatively high percentage of women who knew about newer methods such as injections, intrauterine devices and foam. Failure or refusal to practice family planning when it is indicated certainly cannot be traced to a lack of awareness of the available methods on the part of these residents. The difficulties, if they exist, must lie in an entirely different directon.

Estimated Reliability of the Method

Each respondent who knew a method was asked to rate its reliability on a scale of 50 to 100. If a score of 80 or above is accepted as being reliable, the respondents declared each method to be reliable in the proportions shown in Table 8 (proportions are based upon persons claiming to know the method).

It is clear from the above distribution that the respondents *rank* the various methods in their approximately correct order of reliability. However, very large segments seriously underestimate the reliability of pill, IUD, injections and condoms. Apparently, disbelief in the reliability of the most reliable methods is one major explanation of failure to use them. A significant percentage *overestimated* the reliability of douche, rhythm, suppositories and withdrawal. Nevertheless, a great majority appreciate that the pill is a highly reliable method and that douche, rhythm and withdrawal are highly unreliable.

Summary

All but a small fraction of the women of childbearing age in the ghetto know at least one reliable method and are aware that it is reliable. However, there is a high prevalence of misinformation about reliability. The tendency is to underestimate the reliability of the most reliable methods and to overestimate the reliability of the least reliable methods.

USE OF CONTRACEPTION

Each respondent was asked "Have you ever used ——— (method)?" Table 8 shows the proportions of women who reported that they had used the various methods.

All of the more reliable methods had been tried at one time or another by a substantial proportion of the population.

Current Contraceptive Activity

Each respondent who was currently in a sexual union but not pregnant was asked whether she was using any method of contraception, and if so, what method. The responses obtained are shown in Table 8.

Thus, more than three-fourths of the fertile and exposed women were practicing some method of contraception. When it is appreciated that this is a cross-section of all women of all ages and parities, this is a very high percentage. Yet, in view of the overwhelming desire of this population to have no more children (77 per cent) plus the additional ones who desire spacing, this proportion may seem low. Nevertheless, the gap between desire and action is not now unrealistically great; the lady Negro ghetto dweller is making an effort to control her fertility.

The tremendous reliance being placed upon the pill for controlling fertility is striking; about 45 per cent of all ghetto contraception in Chicago is pill contraception.

A disappointing feature of the statistics is the great reliance being placed upon douche as a method of contraception. Although many of the women who use this method may be subfecund (and for this reason have not switched to a more reliable method), it appears that many of the "accidental babies" born may be a reflection of the use of this method. Also, significant proportions are using withdrawal, rhythm and suppositories—all methods of lower reliability. Adding together all unreliable contraception gives a total of 18 per cent of all couples (23 per cent of all contracepting couples) who are using unreliable contraception. Apparently, one of the major needs at the present time is not only a campaign to inform the women about the reliability of the more modern methods, but a negative campaign to warn them against the unreliability of douche, withdrawal, rhythm and suppositories.

Reasons for Not Using Birth Control.

Exposed women who were not using birth control were asked to give reasons why they were not making use of a method at the time of the interview. The results were as follows:

Trying to get pregnant	22.0%
Birth control not necessary, too old	38.2
Moral, religious beliefs	4.4
Dislike of methods	1.2
Spouse objects	2.8
Carelessness or negligence	8.0
Health reasons, injurious to health	6.2
Method failed and became pregnant	0.8
No information	16.4

An amazingly small fraction of these women gave reasons for not practicing birth control which conformed to the stereotype that they are negligent or "traditional." Most of those who are not practicing fall very definitely into two groups: (1) women presumably of low parity who have not yet achieved the size of family they desire and hence are continuing to try to get pregnant; (2) women who rightly or wrongly assume that they are unable to conceive because of age or prolonged exposure without pregnancy. Of the remaining women who are exposed, fertile, but not practicing, a significant group is fearful that contraception will injure their health, and another group objects on religious grounds. A small group reports that the spouse objects. But, the largest group, representing roughly 1/12 of all noncontraceptors, admits simple carelessness or negligence.

Summary.

The above statistics lead to the following inferences: (1) A very high proportion of women who desire to bear no more children actually are actively practicing contraception. (2) A moderately large proportion of the women who are using contraceptives are exposing themselves to pregnancy by use of unreliable methods. (3) This use of unreliable methods seems in part to be the result of a tendency to overestimate the reliability of these methods. (4) The major reasons why nonusers fail to practice family planning are that they either wish to have more children or that they believe themselves to be unable to conceive. Fear of the effects of contraception on health is also a deterrent to the use of contraception. Apathy or negligence is also a significant factor.

CONCLUSIONS AND IMPLICATIONS

The above quick overview has demonstrated that the low-income black population living in Chicago's ghettos possesses ideals of reproduction that are highly favorable to fertility control. These residents are sexually active, irrespective of marital status. They began their sex life at an extraordinarily young age and a majority of them bore their first babies while they were still teen-agers. On an average, they spent nearly two years of active sex life before being married. Their attitudes toward the use of contraception are overwhelmingly favorable, although a small but vehement resistance group exists. This is true of men as well as women. The level of knowledge among the population is very high; almost every respondent knows at least one reliable method and is aware that this method is reliable. In terms of actual use, about 75 per cent of the population at risk is using contraception or is sterilized; about 25 per cent are practicing no form of contraception. When the latter group is studied intensively, very little evidence is found of "hard-core resistance." A large share of them want to get pregnant; a large share believe (perhaps mistakenly) that they have become sterile through age; a moderately large share have honest fears about effect of contraception on health. Only five or six per cent of the total women of childbearing age can be said to be completely negligent. And of this group, a substantial share declare that they are not practicing family planning because of religious reasons, fear of the effect upon their health or their husband's objections. The remainder plead simple negligence, rather than rejection. However, of the contraceptors, more than one-fifth are using unreliable methods.

These data suggest that it is use of unreliable methods as much as failure to use any method at all that is sustaining the birthrate in Chicago.

During the five years preceding this survey, the low-income population of Chicago had been subjected to a reasonably sustained campaign of information and motivation for family planning, carried out jointly by Planned Parenthood of Chicago and the Community and Family Study Center. The fact that fully one-half of all women of childbearing age in Chicago's Negro ghettos were practicing contraception and using an approved method is proof that favorable attitudes expressed in 1959 had been transferred into favorable action by 1967. These data reflect the situation that may be expected to exist in any modern ghetto after a campaign of this type has been continued for some time. Although birth rates have fallen rapidly and are continuing to fall, the current level is still above that desired by the respondents themselves. This may be attributable to family planners rather than the ghetto dwellers. Although there is a municipal program for family planning in Chicago, it is operated with little enthusiasm by the city. Little effort is made to publicize the availability of family planning services in the municipal clinics or to coordinate the activities of social workers and the family planning program to encourage the poor to make use of family planning services. Although Planned Parenthood of Chicago offers high-quality family planning service, it is sadly under-financed and undermanned. It has been on the verge of bankruptcy for several years and maintains its doors open only because of the courageous self-sacrifice of a small interracial group of people who overcontribute either of their money or their time. Many clinics have recently been closed for lack of funds. Conspicuously absent is an aggressive information program to inform and to correct misinformation. Insufficient responsible support by whites, both financial and administrative, is at least as important an explanation for the large number of unwanted babies born each year in Chicago's ghettos as lack of responsible parenthood among the blacks.

Special emphasis must be given to the unique need for bringing family planning information and services to teen-agers in the ghettos. They begin their sex life in ignorance of contraception; their first child is conceived in a social context that makes neither for the stable marriage they desire nor attainment of the aspirations they have for their children. Planning of the *first* child, rather than the *last* should become one of the major goals of family planning.

Until the 1970 Census is taken, the birth rate of Chicago's ghettos cannot be measured precisely. The crude birth rate is believed to be about 23–25 per thousand, down from 33–35 in 1960. The attitudes and aspirations for fertility control, revealed by this survey, imply that if given a sustained program of family planning education and high-quality service, the population of the Negro ghetto would achieve its expressed desire to have smaller families than the white population.

One final observation should be made. The attitude toward family planning and the desirability of practicing it expressed by the Negro respondents in this study is far different from that expressed for them by their more militant leaders. The cry of "racial genocide" that has been raised so shrilly in recent years is primarily a political slogan and strikes little resonance in the mind of the ghetto mother.

Instead, family planning is now an integral part of the ghetto culture. Those who wish to gain black votes must provide contraception as a part of an improved package of health service. Moreover, since the threat of a "black population explosion," feared by so many whites, is failing to materialize, those who provide family planning services should be motivated by wishes to improve the welfare of the individual ghetto family irrespective of race, rather than by a drive to attain some "demographic balance."

DISCUSSION

Dr. Edwin D. Driver: First, I hope that Dr. Bogue's final paper will have more information than does the draft presented here. In particular there is need for much more refinement of the data to explain or partly explain some of the distributions.

Many kinds of qualifications in the distributions as given should be worked out. For example, the statement is made that 76.8 per cent of the respondents do not want more children. These respondents are a mixture of never married and ever married. They are females of different ages, from the quite young to the elderly. This proportion, 76.8 per cent, then, covers a diverse population and from it Bogue reached the conclusion, "It would appear that motivation or desire to curtail childbearing is very high indeed." Now, in terms of tabulations and refinements, we might discover that much of this 76.8 per cent does not represent "motivation" in the literal sense. I take this word to mean that one has choices beforehand, and therefore chooses to have or not to have more children. Later in the paper I find that 9.8 per cent of the women reported that they were physically unable to conceive because of either age or sterility. I would therefore subtract the 9.8 per cent because these women do not have choices beforehand. I do not know how much more of this 76.8 per cent could be reduced in that fashion. This is merely to illustrate the need for refinements of the data to make the paper clearer than it is at the moment.

There is need for more black-white comparisons. Bogue has collected but has not yet analyzed data on poor whites living in Chicago ghettos. It would be interesting to have such analyses and comparisons. In the paper he has compared the 1967 view of blacks with the 1959 view of blacks and whites, but these are very different populations. The 1967 group is one whose family income was $5,500 or less, while the 1959 black group is a much broader cross-section of the population educationally and economically. The same is true of the 1959 white population. So the comparisons here are difficult to interpret, and the use of the more comparable group—whites living in ghettos in 1967—may throw some light on whether the findings represent black patterns or simply demographic patterns.

Some of the concepts in the paper need to be explained or clarified. For example, the terms "awareness of family planning," and "birth control techniques used," are interchangeably used with "knowledge."

Philip Hauser, though, has really anticipated something that I am very much concerned about; namely, whether or not some of these ideas can be treated as we ordinarily treat them. For example, there is the matter of ideals. I wonder, first of all, whether this is just a game of numerology. We have our favorite numbers, and they may influence the answer to the question about ideal number of children. The whole question of reliability, I think, is one that has to be dealt with much more than we are now doing.

But ideas such as ideals cannot be treated in a vacuum, and we must recognize that many of them are really variables. I think this includes Hauser's "intensity;" certainly we have dealt with ideals elsewhere in terms of what are called tolerance levels.

When you ask: What is the ideal number of children that you would like, you can go on and on with this in terms of scaling to the point where you just would not tolerate any more under *any* circumstances. In effect, something called intensity and changing circumstances influences the expression of one's ideal.

Let me put this another way. Ideals do not exist in a vacuum, but rather as part of a whole system of ideals; they exist in a kind of hierarchy of ideals. It may be that ideal family size is not so very important, relative to other kinds of ideals. When you justify an ideal you are thinking in terms of choices you have to make. If you raise the question of what is the ideal place in which to live and someone replies "the big city," and when you ask him why he does not live in a big city, you soon discover that there could be incompatible combinations of ideals. If, for example, one's relatives reside in a rural area, one may not choose to live in the "big city" when it means living there in the absence of kinsmen even though the urban area is generally attractive. One may prefer taking the rural setting and the kinship system. I think there are a lot of these kinds of combinations.

As already noted, Bogue states that 78.6 per cent of the women do not want any more children. Then we turn to the fact that their behavior violates the stated desire for limitation. Did they have knowledge of contraception? You ascertain that they did but you find that they have knowledge of unsafe techniques. Then that leads to a program of action. We might ask Planned Parenthood, as Bogue has indicated, to step up its program to do a better job of telling people about reliable techniques.

But it may not be that knowledge of contraception alone determines the decision to limit or not. The whole matter of combined choices may be involved and it is in this sense that we might begin to explain the discrepancy between values or ideals on fertility and behavior. In my next comment I find myself in the same position, again, as Philip Hauser when he spoke of purposeful and goal-oriented behavior. That is a kind of premise on which Anglo-Saxon mores and law operate, but I very much doubt that human behavior actually works in quite that fashion. Possibly a very covert culture is influencing what is happening, and this does not become explicit to individuals behaving in this or that manner. But the assumption of rationality or purposive or goal-oriented behavior may be the kind of premise that underlies our accounting for their fertility or other behavior.

My final comment does not bear so much upon Bogue's paper as it does on the more general discussion of rural-urban differences. But it does relate to a point that I want to make and that is that we need a much better explication of the notions urban and rural. If we think in terms of the community, there may not be much distinction between rural and urban. In Philadelphia, where I worked some years with white poor families, we found that we could very well reproduce southern communities in parts of the city. We always said, for example, that east of Broad Street represented the Deep South, and above Broad Street, in North Philadelphia, represented North Carolina, Maryland and other upper southern states. When you got into this area you could pick out blocks representing Asheville, North Carolina, or other subdivisions of the state. What I am suggesting here is that there may be a greater continuity of community kinship ties than is ordinarily imagined, and I would suspect that most of the young people who migrate and settle this way continue to have their lives influenced primarily by this quite specific local community. We certainly see this kind of analysis overseas with the Chinese and other migrants, and I think we could begin to look at urban and rural concepts in this fashion.

Dr. Harter: In his summary statement on desire for more children, Bogue says, "absolutely no evidence exists of a 'high fertility culture' among the slum dwellers of Chicago. If anything, these data reveal an 'antinatal' subculture to which an impressively large segment subscribes."

I can not disagree with this, but it is not really a statement about desired fertility; it is a statement about economics. After all, what parent wants to rear children in economic misery?

I think if we are serious about fertility and family problems of the blacks, we need to be serious about the economic condition in which many of them live. If we are serious about that, and if we do get improvements in the socioeconomic conditions for the blacks, then we have a whole new ballpark within which to observe fertility and family planning behavior among blacks.

Dr. Ryder: I was going to remain quiet, but I have been impelled to speak by the comments about the nonrationality of the behavior we are studying, because this just does not seem to me to fit with what we are finding. We are finding that people say they do not want more children, that the people who say they do not want more children are using contraception, that contraceptives are indeed effectively lengthening the intervals between children and that people are indeed achieving family sizes far below what would have been achieved if they had been the emotional, nonrational, passionate types that seem to be described here. Admittedly, we must present our data modestly and acknowledge that they are not perfect, but they are good enough to show the foregoing series of propositions.

Dr. Cornely: I think that the paper, which we could call a rough draft, could be improved by elimination of some gratuitous statements such as the sexual life of the "typical slum dweller." I do not know what a typical slum dweller is, and when we studied this segment in Washington I noticed a spectrum of diversification and variety, such as can be found in our own group.

There is also a gratuitous statement that "the American ideal of postponing the initiation of sex activity until after marriage was respected by less than one-sixth of the participants." I do not see the reason for these statements. There are others; I just mention these two.

It should also be noted that the average age at menarche is getting lower and lower among women in this country, and therefore we might begin to have out-of-wedlock births not only among girls under 15 but among those under 12. The average age at menarche now is 12.4 years and it is going lower, so we might have to adjust our data to take into consideration this change.

Dr. Thompson: In asking people about the number of children they want we should remember that sometimes children are regarded as sources of security. Many women with whom I talked stated that when they get old and unable to work they want somebody who cares about them, and children to them are a source of security.

I think that it is a middle-class bias to think that all people sit down and plan the number of children they want. Among these people there were none who even knew about the existence of educational policies for their children, for instance.

So the middle-class idea that you sit down and plan how many children you can support, and how many you can send to college and how much medical education will cost, is a myth. These people, many of them, live from day to day, and they do not characteristically plan far ahead. Most of the time they do not have much control over their lives. So planning would not lead to anything positive in their lives anyway.

So I am still wondering if we are not sometimes imposing our middle-class rationality on people who do not plan far ahead. These are not the kinds of plans they can make. Also religion is often a factor. I find much less willingness to use contraceptives among hardshell Baptists than among some others.

Dr. Willie: I just want to say with reference to Dr. Bogue and the Westoff-Ryder paper that I want to put in a plug for their methodology. I think there is a subtle thing that has happened here, and I have seen it happen over and over.

We go out with our survey instruments, our questionnaires and ask middle-class and affluent white people to tell us certain things; and we believe what they say. When we administer these questionnaires to poor people and to black people we always doubt their answers; we think that they do not know what they are saying. I want to emphasize this as a problem we have in interpreting data.

I know the Gallup pollsters in August, 1967, went into the ghettos and asked black people what could be done to stop rioting in black ghettos. They also asked white people the same question. The number one thing that the black people said would stop rioting was jobs; and the number one thing the white people said would stop rioting was to get the police to enforce the laws more rigorously.

We have not yet gotten around to providing jobs for black ghetto dwellers, because people just do not believe what the black people have said.

Westoff and Ryder asked people things; Bogue asked people things, and I would be slow to question whether the black people knew what they were saying when they answered. I think they did, and I think we have a tendency to doubt the reliability of the response when we are questioning people who are different from us.

Dr. Hauser: Let me add one other methodologic note. Despite Dr. Ryder's reaction, I do not think that what I said was in disagreement with what he said. I think what I am doing deliberately is trying to use the long blunt needle to squeeze as much out of these methodologic studies as we can possibly get.

The question I am raising is whether or not we have done enough to find out where such rationality may exist, where it may not exist, and to be able to interpret the data in the light of such differentiation.

Dr. Notestein: You went so far as to say that the burden of proof was on him to demonstrate that the responses people made were responses that they ought to have made, and the implication on your part was that they were not. You put the burden of proof on him.

Dr. Hauser: I think the burden of proof is always on the man who conducts a study. He must, among other things, provide us with evidence of the validity of his data.

May I say that a good part of what I have said in this realm may be much more applicable to similar studies that are conducted in traditional societies than in Western societies where you certainly have elements of rationality involved. But I do think my criticism also has some applicability to our own society. If you say that a person who makes a study does not have the burden of proof to demonstrate the validity of his data I would disagree. I think that the burden is always on the surveyor.

Dr. Notestein. You did not say that.

Dr. Hauser: Let me say this: I am not disputing the fact that you have a point, but I am using a blunt needle, and I think to a good end. I think we need more of this kind of methodologic information than we have.

The kind of example that Charles Willie used is an utterly different situation. I do not think we can equate the problem of the black response as to what we need to stop rioting. The question, did you or did you not want these children that were born four years ago and that were conceived nine months before that, is an utterly different methodologic question from the standpoint of retrospection and rationality.

Dr. Ryder: We have had 30 years of fertility research in this tradition, and in the whole 30 years of fertility research, 99 per cent of which is available in published form right now, you can not find any contradiction to the elementary observation that people have much smaller families than they would have had if they did not use contraception; they report to us that they do use contraception; the people who do use contraception have fewer babies than those who do not. It is that kind of reliability that is very evident in our data. Despite the fact that use of the condom is not something to improve the sex act and the use of the pill has frequent side-effects that are unsatisfactory and all of the other negative aspects that go along with contraception, nevertheless the people are using these devices and they have results from using them, results that they say they desire. I say that the rationality model has worked out rather well.

Dr. Hauser: Well, if everything you said was quite valid—and I am not trying to dispute that at all—I would still say we have pretty good reason for raising the kinds of questions that I am raising about such things as responses to ideal sizes, and whether wanted or not wanted.

I would differentiate here a whole universe of questions, part of which I would say are factual or inventory questions, from those questions that are essentially attitudinal in response to fictitious hypothetical situations they may never have thought about before.

And I think these are situations that methodologically we have not yet differentiated. The fact that you are perfectly sound in what you just said does not mean that my criticisms are inapplicable to these iffy questions.

My criticism is exerted precisely to this thing about wanted children and estimates based on this type of response as to what proportion of the total growth of the United States might have been prevented. To me, this is an awfully big leap from such data, and this is what I was specifically speaking to. This is not to say that a lot of other types of data are also, therefore, not valid. That is not the inference I had in mind at all, and if I gave that impression I hereby withdraw it and say that I am apparently not too good at communication.

Dr. Smith: Perhaps I could say something relevant to one of the points that has been made. I have been involved in some of this attitudinal sort of work, and I have found in a rural area that the accomplished family size is larger than what is given as the ideal family size. I have been a bit puzzled about this.

I wonder whether people were really conscious of what was involved when the questions were asked. I would ask: What would be the right size of family for you to have? They would say X number. And then you ask them how many they have had, and they would say X plus two or X plus three. Invariably I get the impression that people really have not thought of the behavioral components involved.

I instinctively feel that when you ask the question: "How many children do you think you should have?" and get the reply, "Six," it is likely that many respondents have not thought about the subject before. Their reproductive behavior has not been related to this business of ideal family size as consciously decided upon. I tend to side with Dr. Hauser in this respect.

IV. NEEDED RESEARCH ON DEMOGRAPHIC ASPECTS OF THE BLACK COMMUNITY

OPENING STATEMENTS

CHARLES B. ARNOLD

I want to discuss the interrelations between demography and social policy research. Although social policy has been referred to with increasing frequency by demographers, I believe the investigation of policy matters has not received the attention entitled it.

In one respect one may ask, as Karl Taeuber did earlier, "knowledge for what?" That is, what are the implications of our data for ameliorating some of the social problems of black Americans? The issues clearly are repetitive and increasing in magnitude; this much seems certain. To this end many demographers have responded to the mounting pressures "to do something about the problems" as a consequence of the anxiety their data engender. It is no longer surprising to find the names of demographers and other population-oriented researchers appearing on the rosters of persons in White House Conferences, National Commissions and the like. Our participation, it would seem is desirable, appropriate and probably an inescapable responsibility.

But which of these responsibilities have carried over into our research, and, as importantly, into our teaching? While the times are changing with regard to our participation in social policy development, have we responded as rapidly and as concertedly as we might? My central theme, then, is linked to these two questions. It is my impression that as researchers we have diagnosed socially horrific conditions, passively participated in their public display and infrequently followed them up to discover in a systematic sense what policy makers have done about those social ills. Of course, I generalize. Many of us *have* worked hard to redress the problems, but mostly these efforts have been quasi-vocational, and not subject to the scientific scrutiny we reserve for more respectable subjects and acceptable methodologies.

To remedy this situation, I propose that social policy research become an integral professional area of demography and other population-oriented fields. Further, that departments of such academic disciplines encourage their faculty members to become actively engaged in social policy research related to their areas of professional competence and that their findings be made widely available. Because social action personnel and administrators may become fearful that such data once displayed would jeopardize their positions; it would be imperative that congressional, legislative and executive support be forthcoming; i.e., a certain level of multidisciplinary contact with fields such as political science, economics and law would be necessary. With some urging local, state and federal leadership could be persuaded of the importance of such research for the future of bills, acts, regulations and so forth. It would take commitments to these goals by the advocates in the field to bring about such changes, recognizing that it is easier to urge them to act.

A corrollary of these efforts could be the joint participation of demographers and population-oriented persons in the development of social action projects directed at the social problems elucidated by population investigations. One model of such a program is the University of Michigan studies under Freedman's direction regarding the fertility of Taiwan. Similar programs in American cities—testing, for example, new housing codes—could provide metropolitan program administrators with alternative policy pathways for project implantation.

In summary, social policy research, especially in policy process and its outcomes, should become an integral component of demography and similar population-oriented fields. The research findings and the associated teaching could begin to move social policy development into its appropriate critical place. Further, the close association of demographers, epidemiologists and others with similar orientations to the development of social action could facilitate the development of new administrative strategies to ameliorate the social problems of the kind overrepresented in the American black community at this time.

DANIEL C. THOMPSON

I would like to call attention to three areas of research in the black experience I would like us to consider.

I mentioned previously that much of our demographic data is used by policymakers to prevent things from being done by taking the data out of context. I can see how some states might be much more willing to spend money for family planning than some other states because welfare has been a major issue politically for several years.

In Louisiana, one governor after another was elected to office because of the large welfare budget. The demographic data, therefore, taken out of their proper scientific context are sometimes misleading, and instead of leading to positive social policies, they might result in negative social policy.

At least three different times within the last five years Louisiana has formulated statewide policies regarding welfare. At one time any woman having an illegitimate child would automatically lose her status on welfare and even aid to dependent children if she had three or four in that category before her latest birth. In other words, she would lose welfare not only for the illegitimate child, but she would lose it for the others as well.

Right now there is before the Louisiana Legislature a bill to cut back welfare payments by something like 22 per cent. They are already less than $1,300 a year.

Therefore, I think that when we present these demographic data, we ought somehow to concern ourselves with the social context of the data and not just with the data themselves.

I am thinking also of crime rates and various other types of negative data that are used against black people in many areas of the country. For example, the Supreme Court decision yesterday actually outlawed segregated school systems. Already some powerful people in the South have said that this is going to be disastrous for the school system. They claim that what they are really talking about is not simply the fact that the black people are behind in their educational experiences; they also claim to have evidence that blacks are incapable of being educated in the same schools with white children. They cite negative demographic data to support their contention.

Another point that I would like to call attention to is the fact that so many communities in this country are not studied. In reading social science literature I am struck by the fact that almost all we know about political science, sociology and so forth is based upon studies of Chicago, New York and a few other places where there are large universities with sizable research grants.

I would like to see the demographers spend more time in communities that are not so glamorous. I don't think you can understand the problems of black belts in Chicago, Harlem and other such places without understanding the social background from which these people came. Many migrated from rural areas in Mississippi to northern cities and they have set up little enclaves. Sometimes you would think that they had moved from the South just last week, but the truth is they have been there for years. They have been insulated within their little communities, and unless we study the communities from which they came, as well as the communities in which they are living in our large northern cities, we will be to that extent incapable of understanding the social context of some of these families.

It is not only the small communities in the South, but also large cities in the South that are almost completely unstudied. It has been a long time since there has really been a scientific study of Houston, Dallas, Mobile, Birmingham or New Orleans.

To me, this is one of the greatest weaknesses in social science literature. We know so little about the southern section of the United States. We know almost nothing about the small communities from which much of our large urban population has come.

I have this last statement: The black colleges in the South are in a very crucial stage at this moment. The foundations, federal government and private philanthropy are trying to find some way of using these colleges. I wish that some of the larger universities doing demographic studies of various kinds would use these colleges not just as headquarters, but that some of the more mature professors and graduate students would spend a year or two doing research in the communities, using these small colleges as bases of operations. In that way they would not only help to raise the academic aspirations of the students, but they would also raise the academic level of the faculty as well. This would engage students and teachers in some kind of research that is relevant to the community in which they are located. Thus, if one had to make a generalization about the most unstudied college communities in this country, they would be precisely the communities where Negro colleges are located.

At one time the University of Chicago did use a black university a great deal as an outlet to train students. There have been other instances, but I think these attempts should be modified and extended, so that black colleges could become sub-research centers, so to speak.

Generally, the South is ignored by social scientists. To me this is an unforgivable situation. A social scientist can mature in large universities like Chicago and Columbia without ever visiting the southern section of the United States. This is a research oversight that I would like to see corrected.

The study of malnutrition in South Carolina was orderd by the Congress of the United States. It was very interesting how some of the most vital studies, such as that one, have not been done by sociologists or social scientists, but by others. I wish more were initiated by social scientists.

PHILIP M. HAUSER

The problem of needed research on the demographic aspects of the black community is a broad and open problem, and I think I might start it with a general observation. It is clear that the data with which we deal and the problems to which we address ourselves have definite political and social overtones. It has not been possible to disguise them but I think it is necessary to control them. I think the mere fact that the Milbank Fund is focusing on this problem is another symptom of the role that the whole problem is playing in contemporary American life. We did not have a conference such as this 25 years ago, or 40 years ago. It was not held until this year.

The general observation I would like to start with, to try to get away from the political implications, is that I am convinced that there is nothing we can do as demographers and sociologists in the way of research that will contribute to the solution or resolution of the underprivileged status of blacks that is not already known.

I will just start with the flat assumption that the blacks have an underprivileged status by reason of racism. Another way of saying it, is that they have yet to achieve the opportunity to participate in the American economy and in the American society. They have been excluded from American society, and we are just now on the verge of determining whether participation is going to be possible.

I cannot get excited about how research is contributing to the resolution of that problem. What will contribute to the resolution of that problem is going to be a reallocation or restatement of national priorities, and a reallocation of our resources. Until that happens all the rest of what we are doing is window dressing, and I would like to acknowledge that what I am now going to say about demographic research is not going to help solve the race problem.

We know all we need to know now; we do not need any more knowledge for that purpose.

Turning, now, to the demographic problems, the kind of information that we as demographers would like to have:

First, we certainly need research on how to improve our basic data, the type that comes from official sources; the Census and the National Center for Health Statistics. It would be very nice if we had research that would enable us to get a complete count of the blacks in the United States, which we have not achieved.

A second problem of the same character is that we desperately need measures of differential underenumeration by area and by socioeconomic status. Until we get that a lot of the data with which we now work are just woozy, and we do not know to what extent differentials of the type we have been examining here are real or simply artifacts of the inadequate data and differential rates of underenumeration by area, by age and so on.

Third, we need to improve many of the basic classifications that now exist in the Census and Vital Statistics systems, including the one about marriage and the family to which I briefly referred in Part II.

Fourth, I think we need a lot of information of the type which happily will be provided in the 1970 Census, and that is information on characteristics of the milieu—physical, social, economic—in which the individual is being reared, and for white and black. By that I mean characteristics of neighborhoods that become characteristics on the punchcards or the tape pertaining to individuals and the families. I think much of our own discussion has demonstrated the importance of a holistic approach to deal with just the medical problem. What Dr. Beasley is doing in an extraordinarily excellent way is wonderful, but this should not blind us to the fact that holistically you have to deal with many things the physician, with all of his techniques, cannot begin to touch.

The 1970 Census will provide this, and this may open up new avenues of analytic opportunity. These data will include such things as densities, substandard housing, substandard schooling, substandard employment rates—the characteristics of the whole community—so that we can use these characteristics as variables in relation to other demographic variables.

Fifth, we need better information (and here the Census itself may not be able to help, but this is where research through surveys can help) on the qualitative aspects of the characteristics that we get from the official sources. I made a brief reference to this previously. The Census will report increases in formal years of schooling for blacks and this is important, but the Census data completely obscure the tremendous differences in the quality of education that is being received.

This observation, of course, applies not only to blacks. There are two poor whites for every poor black in this country. I think the Appalachian whites, who are not represented here as a minority, are in some respects much worse off than the blacks. They have not yet even discovered they have a problem. The blacks, perhaps, are going to teach them that they have.

We need more qualitative information: What is the quality of education? We know how to learn this, now. In fact, against the protests of school superintendents, most of whom have yet to enter the twentieth century, there is now a national effort to measure the quality of education.

The same goes for occupational detail. I think we must avoid misinterpreting the data that will show great advances made by blacks and other minority groups. If the occupational categories are comparable enough they may reveal little steps, not great leaps forward.

Sixth, we need more research on what is now being called the social indicators; statistics that measure significant aspects of differences in the quality of life; of poverty and substandard housing; of substandard education and substandard employment. A whole series of indicators is possible on the substandard. Significant information is obscured because frequently we get measures of central tendency without getting the whole distribution, and without trying to determine significant cutting points in the distribution, particularly a combination of significant cutting points.

Seventh, I think we definitely need more of the cohort type of information, which means Censuses and surveys with age breaks that permit cohort analysis.

Eighth, we need more longitudinal studies. I want to stress this, particularly because the black community provides a most fascinating opportunity for research while it is in rapid transition.

Ninth, I think we need more research into the process of socialization. I am a sociologist, but I think our ignorance in this realm is what accounts for the confusion and lack of knowledge we have about problems of incentive and motivation, and the meaning of such things as wanted children and unwanted children; the desire for a given number of children, and all these ideals based on a rational mode.

On this point perhaps Frank Notestein was right when he said I took a too blunt needle and plunged it too far into the hides of Drs. Ryder and Westoff. But I did this out of pure love. I think that the best methodologic studies we have had so far in this realm are those that Ryder and Westoff are making. I hope they forgive me for saying we could stand even more, and of course, part of their material is still unpublished.

I think they have done a superb job in dealing with a rational model in their approach to behavior in this realm. But I would like to point out that perhaps there is need for experimental work with other models. There is need, here, for determining to what extent a rational model does or does not apply among blacks and whites.

I have enough confidence in Ryder and Westoff to think that what I want is possible, and if I ever stop going to meetings I may want to demonstrate that myself. I am talking about a model based on empirical observation of what goes on in the process of socialization, and in this respect we need much more from physicians, psychiatrists and psychologists on sexual behavior than we now understand. Until we get a clearer picture of the human being with respect to sexual behavior we will not have the understanding of motivation and incentives that get translated into family size, the desired number of children and wanted children or unwanted children.

Again, I cannot elaborate, but may I state an alternative to what is a rational model? As elsewhere indicated, I feel there is a difference between the pre-Newtonian and the post-Newtonian mentality; the kind of thing I have seen in Southeast Asia, for example. I would say there are people living in a world there who have not yet acquired the notion that man can control his own destiny, and that includes control of his own children.

In many places man is living in a world in which God or supernatural forces or demons are controlling things, and anybody in his right senses knows that. When you get a Caucasian to come in and ask: "What is the ideal number of children?" that Caucasian is dead crazy because God or fate determines that.

Cultural variations are what I am talking about, and this is not restricted to Southeastern Asian behavior. My guess is that it is true of a good proportion of the isolated parts of the United States, again not only including blacks. It is not the color of the skin that makes the difference; it is a question of what has been the process of socialization; the kind of a social milieu from which they have emerged. Until we get a better understanding of this we are dealing with superficial, external data.

Tenth, and finally, I refer to the kinds of things I mentioned yesterday and on which I will not elaborate. We know much more about the use of survey methods, about measures of intensity and measures of response error than are now being employed in fertility studies. I will close with this general thought. The blacks are people who, within the course of less than one lifetime—50 years—have been transformed from 73 per cent rural, mostly from the rural South, to 73 per cent urban, disproportionately concentrated in the central cities of America.

I dare say that never previously in human history did this kind of a drastic transformation take place in the life of a people. In consequence, all kinds of natural experimental situations are possible. I regard Dr. Thompson's observations as referring to one. Studies are possible on place of origin and place of destination and on what Durkheim called "moral density," namely, the extent to which there are whites or blacks living in enclaves of their own in northern cities which might just as well have been in Timbuctoo as in Chicago. There are numerous natural experimental situations requiring research that ought to be pursued.

CHARLES R. LAWRENCE

When Henry Wallace was Secretary of Agriculture, I understand he received a letter from a farmer down in Mississippi where I was living at that time. The farmer said, "Dear Mr. Secretary: Don't send me any more pamphlets on how to farm. I'm not farming nearly as well as I know how already."

As a journeyman sociologist who was cheated out of being very much of a demographer by the untimely leave-taking of Robert E. Chaddock with whom I was enrolled in a course in demography at Columbia when he took leave of us, I must confess, that I am not using the demography that is accessible to me as well as I might. It would therefore be presumptuous of me to try to tell you what sort of research is needed.

I also have the opposite of Philip Hauser's difficulty. He knows so *much* that he can't stop talking. I know so *little* that I can't stop talking!

Repeatedly, the question has been raised as to what we mean by urbanization. It seems to me that the question of the urbanization of the Negro population raises this question in rather bold relief.

What do we mean, nowadays, when we speak of urban life style? Does urbanization as a way of life still mean the same thing as it did when Wirth wrote his classic essay on urbanism?

Does mere urban residence mean that people take on urban life styles? Obviously, not. Gans recognized certain Boston Italian-American neighborhoods as urban villages. This village life-style persisted in the metropolis.

We might want to find out to what extent Negroes, especially isolated as they are by imposed segregation, continue to be urban peasantry long after they have turned cityward to employ a term used by Louise Kennedy[1] about 40 years ago.

I suspect that much of what is described, and even flouted, nowadays, by certain people as black culture is simply southern subculture, which is as much a product of Elizabethan England as it is of Africa. I know it is not tactful to say a thing like that, nowadays.

The second area of needed research on which I would like to speak is the question of suburbanization of the Negro population. There seems to be evidence that Negroes are moving to the suburbs in somewhat larger numbers than in an earlier period.

But we do not seem to know as yet which Negroes are moving to which suburbs. I have some impressionistic observations of the area in which I live. I moved out to Rockland County 18 and a half years ago, when it was still called by Sikorsky "Exurbia." We have rapidly become suburbia, and among the blessings of becoming suburbia has been the development of what I call on instant ghetto in my neighboring village.

There was a group of old hotels there. Spring Valley, New York was part of the Borsch Belt before that Belt moved to the Catskills, and some older people continue to go there, or they did ten years ago. More recently one of these buildings, no longer useful as a hotel, was turned into makeshift apartments for welfare families—overwhelmingly white. Very soon a Mr. Grusmark built some apartment houses in the area and advertised "interracial apartments" primarily in such journals as the *Amsterdam News.*

We have an interesting pattern there of black suburbanization. We have this "instant ghetto" in which there must by now be 7,000 or 8,000 souls, in a village that 20 years ago had boasted fewer than 200 Negroes. This instant ghetto provides an exacerbation of many of the problems of poverty in the central cities; exacerbated because the social services available in the central city are not available in Spring Valley. Public transportation for example is virtually nil. Therefore getting out of the ghetto to such jobs as are available to residents is a severe hardship. ship.

Poorer and working class people, constitute the central ghetto. But there are also areas of modest affluence in which another group of Negroes have moved. These are distinguished by their dress and by their speech from the people up on "The Hill," as we now call it. In earlier times it was known in the valley as Jew Hill, by the older WASP residents. These areas of modest affluence within the boundaries of the village suggest some of the same ecologic processes that take place in central cities.

Beyond the village one increasingly finds black families living in upper-middle-class developments. They usually do not buy immediately. The original developers still, despite the law, find ways to keep Negroes from buying; but subsequent homeowners sell their homes to Negroes and there is no evidence of flight in any of the developments so far.

Because of the white refugees from the city in our area, the economic level of the whites has tended to go down in recent years. Up until the recent hike in interest rates they had begun to come earlier in their life cycle and to mortgage themselves higher above their ears than previously.

The educational burden for everybody is increased by the fact that this is an area with very few commercial or industrial enterprises. The existence of an instant ghetto in their midst makes those people who just left the southeast Bronx or Brooklyn think that their taxes are high. Some of the same processes of tension that one finds in the city are developing in this suburban area.

It seems to me we need to know more about the suburbanization process, which has similarities and differences as we compare Long Island or Rockland County with Teaneck or Englewood, New Jersey.

Someone raised the question of a black brain drain as people move out to the suburbs. There is also the possibility, if we can believe the rhetoric of those who claim to speak for the central cities, that those people who move to the suburbs—those who move to the developments and the affluent areas—are usually relatively middle-aged, middle to upper-middle class, relatively affluent and can no longer speak for the central cities. In any event we are told that the central cities will not listen to them.

This brings up another problem, the easy assumption of homogeneity within the black community, both on the part of those who speak for and those who speak to the black community. This is a fiction. Although this may not be germane to demography it seems to me that there is a built-in danger—that middle-class, middle-aged Negroes will discover that they do not really want a revolution, although at the moment we can ride the wave of the alleged revolution for our own aggrandizement.

REFERENCE

[1] Kennedy, L. V., THE NEGRO PEASANT TURNS CITYWARD, New York, Columbia University Press, 1930.

CHARLES V. WILLIE

There are three areas in which I believe research will be fruitful in guiding public policy. They are: one, research on the question of family instability, poverty and race; two, research on the impact of education and employment of women in the household upon the poverty status and the social well-being of families in which these women reside; three, research on the effects of diversified participation upon the decision-making structures.

I begin with some observations on the need for research with reference to family instability, poverty and race because I believe that the data and the interpretations that have been presented to the public in the Moynihan Report on the Negro family have been misleading. I wish to assert, categorically, that the Moynihan Report has been a disservice to the nation's search for a solution to the causes of poverty among black and white people in America.

Economist Herman Miller of the United States Census Bureau concluded that racism is a chief contributor to the disadvantaged circumstances of black people in the United States. But political scientist Daniel Patrick Moynihan called for a national program to stabilize the Negro family as a way of upgrading it economically. The thesis that racism keeps black people at the bottom of the economic heap suggests that modification of an oppressive system is needed if the benefits of an expanded economy are to be shared by all. The thesis that instability keeps black people at the bottom of the economic heap suggests that overhauling a defective family group is needed before the poor can take advantage of the abundant opportunities in this nation. Both social scientists are probably right. But my guess is that one is more right than the other.

By way of explaining poverty, individual and family group characteristics and institutional circumstances all make a contribution. If, however, the goal is to change significantly the rate of poverty experienced by black and white people in this nation, then it does make a difference as to whether one should first concentrate on individual and family affairs or on the social systems of our society.

As a sociologist, my hypotheses are: one, that the Moynihan thesis that stabilizing the family will contribute to a greater reduction in poverty is more appropriate for whites than for blacks in this country; and two, that the Miller thesis that a racially open economic system will contribute to a greater reduction in poverty is more appropriate for blacks than for whites in this country. A brief explanation of why I have arrived at these hypotheses is in order.

It is true that we need a national urban policy and that ways of eliminating poverty among black and white people ought to be part of that policy. I strongly recommend that we do research on the hypotheses I have presented so that the findings might be considered in the development of such a policy.

My reason for suggesting that there may be different explanations for the presence of poverty among blacks compared with whites is based on demographic data. In constant dollars, the proportion of poor whites has been reduced from 30 to 40 per cent during the great depression to about ten per cent today. This reduction has occurred largely because of an expanding economy. The economy, of course, has continued to grow. This means that the small proportion of whites (that is, the ten per cent) who have been unable to participate in the expanding economy, probably have been unable to do so largely because of personal and family connected deficiencies. It is not suggested that the level of poverty among whites cannot be further reduced by institutional changes; however, institutional changes such as an expanding economy will probably result in a smaller rate of change in the reduction of poverty among whites today as compared with yesteryears.

Today, the proportion of blacks who remain poor is 30 to 35 per cent —a proportion similar to that experienced by whites several decades ago. My guesss is that poverty among blacks also could be reduced to about the ten per cent level (which whites now experience) if the economy continues to grow and if blacks have equal access to the opportunities of such an expanding economy. Blacks, of course, have been discriminated against and, therefore, have not been able to participate fully in the economic system of this nation. Even when they perform occupations similar to those whites perform and have education the same as that whites have, the average annual income of black people still is less than that received by white people. I am suggesting that poverty among black people could be reduced to the low ten per cent level if blacks had opportunities similar to whites. Until the poverty level of black people reaches the level of ten per cent to which it has been reduced among white people it seems to me to be inappropriate to launch a national program designed to tinker with the Negro family.

I am not suggesting that a program to stabilize families as a way of reducing poverty should not be a part of our national urban policy. But I am suggesting that at this stage such a program probably will be more effective for the white poor. If my analysis is correct, Daniel Patrick Moynihan has projected a white solution upon blacks. To be sure, there is family instability among black people. However, I do not believe that any program designed to stabilize Negro families will be effective until programs designed to increase economic security for black people are put into operation. It may be that programs must be instituted in a sequential pattern. This may mean that the family instability factor cannot be tackled until the economic insecurity factor has been adequately dealt with.

The experience of the white population in the United States indicates that increased economic security tends to eliminate a number of other pathologic conditions. Also, the experience of the white population has demonstrated that poverty can be lowered from one-third to one-tenth simply by increasing economic opportunities. It is well, therefore, that we try a similar program of increasing economic opportunities for blacks to see what happens.

I think that we need to do a great deal of research on the impact of work and education of wives upon the welfare of their families. In a study of the employed poor in Washington, D.C., I found an association between the social mobility of a two-parent family and the education and employment of the wife. In both poor and marginally affluent families, the head earned about 50 dollars a week, but family income was above the poverty level among the marginals. The most striking difference between these households of different income levels with heads making similar wages was this: The wife in the marginal household was much more likely to be employed than was the wife in the poor household. Three out of every four wives in marginal families were employed, whereas three out of every four wives in poor households were not employed. The median weekly income of working wives in marginal families was one dollar higher than the median earnings of their employed husbands. The few working wives in poor families, however, tended to earn less than their menfolk. A marked difference between poor and marginal households was also the formal schooling of spouses in two-parent families. For example, 46 per cent of the wives in marginal households were high school graduates compared with 27 per cent of the wives in poor households. In fact, wives in two-parent marginal households tended to be high school graduates more frequently than did their husbands. The marginally affluent families also tended to have fewer children.

I present this information about poor families and those that are marginally affluent because I believe that social scientists have been projecting conclusions about the status and function of the wife in poor households from their experience with middle-income households. In general, husbands in middle-income households have more education than their wives and they tend to be the chief breadwinners in the family. Most wives in middle-income families have assumed the role of homemaker, which involves caring for the children and in general involves not being a member of the labor force. This kind of arrangement and division of responsibility in roles between husbands and wives has been looked upon as the ideal pattern. I am not so sure that this is the ideal pattern for families at all economic levels. Several years ago I read a thesis written by Dr. Catherine Chilman, which pointed out that some of the children in poor families where the mother worked had less tendency to get into trouble with law enforcement officers than children in poor families where the mother did not work. All of this is to say that education and work for women in households in lower-income families may have different consequences for family stability than education and work for women in middle-income households.

Finally, I think that we need to do a great deal of research about a matter Dr. Paul Cornely raised in his address (see Appendix). He discussed the importance of participation of the poor and participation of black people in the decision-making structures of our community as a way of guaranteeing that they are just and that they meet the needs of the people who are experiencing the most adverse health problems. I think we need to do research on this matter to determine the kinds of policies that might emerge from a program in which the decision makers all are affluent and white compared with a program in which the decision makers are black and white and affluent and poor. To illustrate my point, Dr. Joseph Beasley is interested in ways of preventing high-risk women from conceiving. He thinks that a national program designed to assist women before the period of conception will have a major payoff. I do not debate the value of such a program. However, I should point out that we have reduced infant mortality considerably among white women by improving the sanitation in the environment, purifying the water supply and giving prenatal care and better nutrition to pregnant mothers. I should hope that we would continue such programs among black mothers after conception so that they too may have the possibility of delivering a higher rate of healthy babies. This means that while we are launching a new national program designed to prevent high-risk women from conceiving, we should not slow down programs designed to help mothers after conception and before the period of delivery. Were low-income people and particularly poor black people involved in the decision-making structures that determine what kinds of programs will be launched in the community my guess is that they would demand that resources be reserved to help people after conception as well as before conception. What I am trying to say is that the priorities that we have established for our health programs have a great deal to do with the values we hold and that people of different economic levels and different social histories tend to see what is needed in different ways. It is well that people of these diversified experiences be involved in our decision-making structures. We need to know whether our programs and priorities are better when they flow out of diversified as compared with homogeneous decision-making structures.

FRANK W. NOTESTEIN

I think one of the things we need to do research on is to find out the net cost of various programs proposed. If we are to use data to aid in the formulation of policy and its execution, then two things are terribly important. They are: (1) to be able to spot the gains and (2) to locate the sore spots quickly. I am not impressed with the total cost of health care, nor am I impressed with the economy of keeping ten per cent of the population outside of the productive system and then saying, "My goodness! Aren't they expensive!" This is an illustration of the wicked waste of not allowing them economic participation.

Now, Ladies and Gentlemen, after the dissertations nobody is going to say anything very new or different on this subject. I don't think I have any words of wisdom. I suppose the most general problem that occurs to me is: Let us pay a lot less attention to averages than we have been paying. One of the interesting things about our papers, here, was that they did have distributions. There is so much diversity that I am afraid we do damage in talking about it in general averages.

There is nothing in the slightest scientific about my personal hunch. However, I suspect that few things would do the black community more good than the ability to identify quickly the kind of advance and achievement on the part of those groups that are getting expanding opportunities. There are sectors of our population where discrimination is easing off considerably. We have seen this in sports and music for a long time. Once a black gets his foot on the academic ladder he has the advantage of inverse discrimination.

I think we have had some hard and serious papers that met with trivial responses. I am not discussing Bogue's paper or Driver's comments on it. I am shooting mostly at Philip Hauser, but not wholly at him, when I say that some of the discussion has been straining at a gnat and swallowing a camel.

I believe that it is beyond the ability of anyone around this table to lay the outlines of a serious study to be reported on in this seminar and not be completely vulnerable to the kind of attack made by Dr. Hauser. To trot out the stuff that is in the elementary textbooks, to jump the criteria that have been laid out and say that the idea of an ideal family size is no good are cases in point.

I believe very firmly that one takes for granted that people know what they are talking about unless the evidence is that they do not. I did not see any patterning that did not make complete sense in the material that was presented. There was one thing in the Westoff-Ryder paper that was pointed out as not being understood and I did not understand it either, but it was trivial.

We carry this kind of criticism to a sheer anti-intellectualism, and this is what I meant previously when I said that there comes a time when the burden of the proof is on the critic. If the research has been really responsibly carried out; if the patterning makes sense, if you know in the reporting that there is a lot of stability in this kind of response, then it is not fair to say as Dr. Hauser did, "Yes, but didn't. . . ." Do you wait to do anything until you can do everything in research work? I think that sort of criticism is a dime a dozen, and I think the papers merited more careful consideration of their content.

DISCUSSION

Dr. Hauser: I do not see much point in going beyond that. I am willing to stand on the record. The only observation I would make is that a lot of research in social science finds patterns that are plausible and seem to be consistent that turn out to be dead wrong. And if the kind of criticism that I have provided is "a dime a dozen" why doesn't it show up in the literature as a dime a dozen? I still think there is room for improvement in anything we do, and the fact that you cannot do it all, of course, does not mean that you cannot do more. It seems to me the purpose of all criticism is to see whether or not what we do next can be better.

So I am perfectly willing to keep my head unbowed and my flags flying, saying that we need a lot more in the way of experimentation with new models for approaching these problems. We need a lot more in the way of intensive studies of the response errors than have yet been made, and we need a lot more healthy skepticism, without which science never progresses. In my judgment, as I see the literature, it is not that there is too much criticism of this "dime-a-dozen" type. On the contrary there is too much rallying around established old procedures and methods, especially when they provide the kind of information that is consistent with our desires.

Dr. Beasley: I would like to respond on the problem of family stability and maybe take a different perspective. I think one of the things we should be concerned with as a national society and a world society is the development of the potential of the child, and I mean the black child, the white child, the yellow child—whatever color child—as a human being in relation to the quality of life.

We do not know a great deal about psychology, and particularly child psychology, but I believe we do know the importance of a child being born under certain physiological circumstances which give him an opportunity to be born alive, with the maximum possible opportunity for the development of his potential. We know that he needs certain physical resources like nutrition and housing, to grow and to develop. We know a child needs warmth and love, and that if he does not have warmth and love, physical and emotional, not only will he be emotionally deprived as a human being, but if he is totally deprived of this he will actually die.

In addition to this we know that a child's brain is 85 per cent developed by the time he is five years of age. We know that he needs intellectual stimulation—constant intellectual stimulation. And the brain seems to work like a feedback mechanism; the more stimulation it gets the more it can utilize.

Another thing I think we know as well, is that the child needs to relate to a male and a female figure in the crucial stages of his development and his total development physiologically is 18 years of age. Emotionally I think that is yet to be determined.

In the 18,000 primarily black families we talked about, we pointed out that 66 per cent of the pregnancies occurred at 18 years of age or under; 49 or 50 per cent of first pregnancies occured at 17 years and under; 18.5 per cent occurred at age 15 or under and 13 per cent occurred at age 13 or under.

This is not the type of environment that provides the child upon initiation into a family with qualities we know he must have for his development.

Another factor we implied is that 80 per cent of the families, despite their low level of poverty, try to form a nuclear family—with a man and a wife conventionally married. However, within a short period of time, something happens to that family and there is no male head present.

Here again, I think the speakers are correct about economic pressures and economic discrimination. Because of the rapid increase of his family and the lack of power to control fertility at a time when the level of his income is limited by society, the male is unable to house, clothe and feed his children and is forced by a punitive welfare system out of this type of family.

It is of vital importance that we rearrange the priorities in our society, nationwide and worldwide, to provide for the development of the potential of the child.

I think we must look at the problem of genocide, the problem of family stability, allocation of resources, male responsibility and of family size. We must examine the problem in this context, because this is what society is about. It is becoming even more acute because of the marked change in the impact of various types of technology on our society. The rapid advance in technology places an even greater demand upon society to develop the potential of the child.

The spirit in which we approach our research, our actions and deliberations should keep the concept of black versus white subversive to the concept of the development of the potential of children and the improvement of the quality of human life in this nation and in the world should be the major contribution of this meeting.

Dr. Ryder: I want to say a couple of things about the problem of the quality of data in the first instance, because I think it would be unfortunate, on the one hand, for us to freeze ourselves into a position of immobility if we do not know how to do things perfectly; on the other hand it would be unfortunate for us not to recognize the rather substantial measurement problem that we do face in this field.

We are attempting to do something that is extraordinarily difficult. It is a task that we are going to have to work at for a very long time.

It seems to me that we have a major debate going on now within the demographic fraternity. On one side are those who assert that if families had adequate access to family planning, reproduction would not exceed replacement levels. Therefore, the solution is for us to have easy access to family planning services for our nation. On the other side are those who say that if people were to have the number of children that they wanted we would still be faced with a massive population problem that must be solved on other levels.

Now, I am not going to provide an answer to that particular argument, but I would point out that a lot of harm, I think, has been done by the misuse of data. Judith Blake Davis has published some materials that do not deserve the kind of inference that she has chosen to place on them. I am not just making an attack on her; I would like to make an attack on ourselves, too. Bumpass and Westoff and I have data on unwanted fertility. Those data can be used in one or another way, depending upon how one feels about the policy issue concerned, and it seems to me that the statement that was published in *The New York Times* yesterday had the unfortunate implication of leaning more heavily on our data than was justified.

We have had exchanges with our respondents; we can tell you what the questions were and we can tell you how the people responded. But anybody who has attempted to use research data with some degree of complexity knows that he can manufacture one or another answer, depending upon his disposition.

I think that there is no cure for this except to invest a very large effort in alternative explanations for our findings. We should be our own strongest critics. To the extent that we fail to do that, I think that we are not in a position to criticize others.

On the behavioral level, we do have great difficulty in measuring what seems to me to be elementary pieces of information that are necessary to describe how people behave in the reproductive sphere. We have not been able to identify the extent to which contraception is used within individual pregnancy intervals, nor the way in which it is used, nor the frequency with which it is used.

The data that we collect are responses and we tabulate them, but those responses have a high degree of unreliability.

We know something about reliability for the National Fertility Study. We reinterviewed some 400 women and asked them exactly the same questions over again, and we have a measure of consistency of response on those items that would not be expected to change between the two time points.

For example, one of the most critical pieces of information in terms of what we think we know, is whether the couples use contraception before or after their first pregnancy. Our index of response consistency indicated that about 40 per cent of the women responded to that particular question in what appears to be a random fashion. This is a very high level of unreliability. What can we do about it? Instead of just throwing mud at this kind of study, we should ask: How can we do this better?

Our opinion is that it is important for us to start collecting behavioral data shortly after those events happen, rather than a long time after they happen. To that end, we are asking the federal government for a considerable amount of money to get started on a larger longitudinal study. This longitudinal study would enable us to interview the same women, year by year. I hope that will improve the quality of the data.

Finally, I would like to say something on behalf of a proposition advanced by Charles Willie concerning the possible consequences of our survey research approach. We collect information about individuals; we tabulate the relation between this characteristic and that characteristic and certain outcomes, and from that analysis certain conclusions may seem to flow, which may be used for policy purposes.

The family planning movement seems to me to be also approaching individuals as clients, or as customers and saying: If you as individuals will behave in a different way your problems will be solved.

I think that this sort of thing certainly needs to go on, but we will be in great difficulty if we do not pay attention to the social system as well as to the individuals who are a part of that social system.

If we are true sociologists instead of just individual behaviorists, then we have to study the social system in which these people are located. We have to ask why certain distributions of individual characteristics happen. Why is the educational level this way? Why is there discrimination? Questions of this type are not answered by just asking individuals in surveys why they are doing what they are doing. I think we have to start doing our job as *social* scientists as well as scientists of individual behavior.

Dr. Williams: I would like to introduce another point of view, although it is not one with which I am entirely in agreement. Quite frequently it is argued that we do not need more research in the black community; that the black community has been under the microscope too long. If we are talking about the allocation of scarce resources, more ought to be devoted to action programs based on research already accomplished.

Dr. Lawrence: I would like to agree with Dr. Willie on the question of what seems to be the misuse of data on family stability, and the notion that the way to cure black family economic ills is to cure their family instability.

It seems, however, that it is gratuitous at this stage of knowledge to assume that one can cure white families in that manner. If we look at the nature of white poverty we find that the aged are inadequately protected by a social insurance system on the one hand, and the larger part of that ten per cent of the white population who are poor is found in areas that have suffered economic illness. The sickness of the soft coal industry is not the result of family instability, any more than the sickness of southern agriculture is the result of family instability.

Dr. Cornely: I wanted to make one or two comments along the lines of what Dr. Williams and Dr. Willie have stated, and that is that we, the social scientists, demographers, physicians and others are looking at black people. I would like to suggest that one of the things the Milbank Memorial Fund might do is to try to see what are the biases and the inhibitions of the social scientists as they study blacks.

All of us have been brought up in a racist society such as ours, and we have many prejudices, and these come out occasionally in the papers that one sees. I would like very much to explore this possibility, because I think that the social scientists are guilty of these constraints.

I tell the schools of public health that before they graduate students who are going to serve and help in the system that they should debrief them, because they cannot otherwise serve the poor and the aged and the people who have children out of wedlock and so on with the inhibitions they have.

Second, I think that Dr. Willie's statement in terms of political decision, the mix that must occur, is an important area of research. It is a funny thing about our society—we are a lobby society; we are a pressure society, and yet nobody in the social science field has begun to look at the nature of the political strategy that must be developed by the consumer and the social scientist working together to effect changes in that society.

We talk glibly about our present social policy, but all of us here know that this is a lot of bunk. We do not make social policy around this table; we have got to develop techniques that may be effective to do this, and unless we do it I think we are really lost, because many of the lobbies that are succeeding in our society are antipeople.

Dr. Price: An area that needs more research, I think, and tends to throw light on some of the other problems is the interaction (in the analysis of variance sense) between Negro-white differences, male-female differences and rural-urban differences.

We know that the male-female roles are not the same among the blacks as among the whites, and I think that when we start looking at these interactions we immediately realize that these differentials are very largely the consequence of economic conditions and factors. Some research that I think points this up particularly clearly, is a project that Dr. Presser started, and one on which we have worked subsequently together. It involves taking cohorts of females at the time they enter the labor force, looking at the proportion not in the labor force and the occupational characteristics of those in the labor force, and following them through their labor force history.

In a cohort of white females the proportion not in the labor force increases during the childbearing years. They have dropped out of the labor force and one can see the occupations from which they dropped out. In a cohort of Negro females, even though there is a much higher proportion in the labor force, this dropping out of the labor force during the childbearing years does not occur. The most reasonable hypothesis is that the economic pressures are such that black females cannot stop work and they are in occupations that permit continuation of employment.

Dr. Glick: Philip Hauser mentioned a new phenomenon in the 1970 census that is referred to as community characteristics, and I want to describe it briefly. Our sample tapes will enable one to associate the characteristics of every person or his family or his housing with a whole list of more than 100 characteristics of the person's census tract (or "pseudotract" if the area is not a tract). This scheme will permit one to study people, families and their housing in the context of the environment in which they are located. These characteristics have quite a range: Whether the community was settled recently or long ago, the age distribution of the residents, the racial concentration of the community, the fertility level, marital stability, the proportions of the population that is young and old dependents, the proportion of children living with both parents, amount of in-migration, proportion of school dropouts, education, occupation, income, poverty index and several housing characteristics. The people around this table are invited to advise us on how we can make the best use of this new material.

Dr. Farley: It seems to me that before policies are formulated and enacted in the United States, typically there is some period during which research is done by nonpolicy makers concerning the topic. I think infant mortality is a good example. A large number of studies of infant mortality were made earlier in this century before we got around to doing much about the problem. Clearly, there will have to be some additional studies on the causes of the persistence of high mortality rates before much is done about it.

It strikes me that one theme runs through many of the comments here. One area in which there is at present an insufficient quantity and quality of research is housing, particularly housing of the black population in urban areas.

We do not know exactly how housing relates to other family status variables. Maybe the 1970 Census will help us out by providing interesting tabulations. We can go back to the time that W.E.B. DuBois was writing about Philadelphia blacks. He said that one of the reasons for the instability of the family was that the blacks were exploited in the housing market.

Franklin Frazier said some of the same things that Elliot Liebow has said about the discrimination against blacks in the housing market, leading to the placing of children away from their mothers because it is impossible to find suitable housing in cities.

Karl Taeuber certainly indicates that segregation is very persistent in cities of the United States, and this is related to the housing market. If we accept the Coleman report, then segregation does have some impact on the status of blacks in our society.

There seem to be just a few studies that try to get at the extent of exploitation of blacks in the housing market. I think the conclusion from looking at places like Chicago is that poor blacks are exploited. They are not similar to poor whites; there is something very different about the housing market for blacks. Even blacks of high incomes, apparently, are exploited in the housing market.

One can go back to the time of President Hoover, and find that people were talking about national goals and national programs in housing. We have had a whole series of statements without much action. Around 1947, Truman was talking about a decent home for every American. Beautiful plans were drawn up to provide decent homes, but not very much has happened since then. We have had a few token programs since 1947, but they did not amount to much. Two years ago a committee on urban housing reported to President Johnson that we needed about 2.7 million new housing units in urban areas, and again not much happened. For the past six months the number of housing starts has gone down, and we may end up this year with as few as about 1.3 million new housing units being built.

This whole area of housing—how it relates to families and social factors—is one in which the social scientists have not done very much research. If more research were done it might help to formulate a policy for a problem that we have been talking about for 20 years.

Dr. Karl Taeuber: I would like to speak to the relation between research and policy. There is the view that we have all the research we need, that we can go ahead and act, that those people who worry about policy can worry about it just as well without more research. I believe I probably come down on that side of the argument, but I must justify my view indirectly.

The Moynihan thesis was mentioned earlier. This is one example of a policy-maker trying to use research to justify policy, and getting rather seriously entangled in the mix. I do not want to speak about the quality of the report right now, but rather to emphasize that Moynihan himself, regardless of the separate life of the presumed Moynihan thesis, was merely attempting to show that our economic system has a dire impact on Negro family structure, on the happiness and home life of women and children. This was intended as a dramatic way to direct attention to unemployment statistics. He was trying to stir policy makers up to a more inventive antidiscrimination, full-employment kind of policy.

We all know the bitter debate that arose over the report. This is a case where the effort to bring research to bear seems not only to have been a failure but perhaps even to have backfired.

An example of researchers trying to speak to policy issues occurs with various demographers urging and criticizing a family planning program for the United States. Here the data are on the question of unwanted births: how many there are and what kind of fertility patterns would emerge if contraceptive practices were freely available to everyone. For all their arguments the researchers agree that there are many technical questions left. They cannot really answer the seemingly simple questions.

Beyond that, I do not think that those of us who are in the demographic trade should get in the business of talking about "population problems." The problems are not those of population. The problems are those of health, welfare, marital happiness and a variety of others. Actions taken or not taken to affect population growth, for instance, will affect the evolution of each of these social problems. But demographic research provides only a portion of the knowledge and perspective necessary for formulation of social policy concerning such problems.

We heard earlier that the Negro migration to cities in this country had slowed down tremendously in the last couple of years, but I have not seen any notice taken of this in the political debate. If there is a slowing down of the rate of Negroes moving to cities I am not sure that this had led to any drastic easing of the racial and urban crises.

This year I am on leave at the Rand Corporation, which is famous for systems analysis. People who have been engaged in the development of these techniques feel that these tools developed for technologic, military and organizational questions can be applied also to the problems of social policy.

It becomes quite clear that the problems of the social system are much more complex: the problems of specifying the goal values you wish to maximize are extreme. The causal reciprocities are much more serious in the social realm.

I think we have to emphasize the notion, however trite, that basic research has long-run policy implications—at least this is our faith and hope. But it is very hard to demonstrate that basic research can have any impact on immediate policy. We have national problems that must be addresed in the next few years, and I do not think that basic research, carried out in a scientifically sound way, can really speak to the policy issues that are confronting us here and now.

I do not want to pretend that I can practice basic research and speak to specific issues addressed to me by the policy-makers, and I do not want to pretend that I have simple answers to simple questions when neither the questions nor the answers are simple.

Dr. Bernard: I am not an action person or a policy person, but I have been studying marriage for a long time and I am convinced that marriage, as we have known it in the past, is changing very rapidly so that the idea of illegitimacy is going to take on a different meaning.

I think that we are being hampered policy-wise by unrealistic concepts. Many babies are being born to teenage girls and we are shaking our fists at the parents. I think we ought to be more concerned with the welfare of the children. Dr. Taeuber's data, I think, will help us to achieve what we should work toward and that is some kind of "vulnerability index."

Such a vulnerability index would include not only whether the child was wanted or unwanted, whether there will be two responsible parents for his care, but also all conditions—love, care, nutrition, stimulation—that we know children need. It would include everything that we can think up that will tell us what that child's life hazards are.

Dr. Teele: Whether the parent has a job, too?

Dr. Bernard: Everything; anything. I am not thinking of forcing anything on anybody, of taking the baby away if the vulnerability index is low, or denigrating the parents or the mother of the child. I am not thinking of blaming anybody for anything. I am simply concentrating on protecting the child. Every baby that is born is everybody's responsibility, and to punish the baby because the mother was not doing what we think she should do, is a very wrong approach.

So I would like to have researchers and others direct their attention to a vulnerability index and how we can minimize this vulnerability for every baby born.

Dr. Valien: I think that what I am going to say has been said already. However, I am hoping that as we concentrate on the subject of family planning we will not overemphasize the economic and the medical aspects. I think that one of the things that, as social scientists, we ought to recognize, is the social functions children play. Those functions are not, of course, entirely economic or noneconomic. I think this is something that the social scientists really ought to be plugging into the family planning context. I might mention one or two aspects of other cultures to illustrate what I have in mind.

When I was in Africa I discovered that among the Ibos—Biafrans, as they are now called—the role of the child was highly significant in terms of economic and social security. If a man's wife leaves him for any reason whatever, any children borne to her after she leaves him belong to him. Furthermore, he is likely to claim them for *his* family, unless *her* family returns the dowry that was paid at the time of marriage.

The other point is that in India, there is a great difference between having a son and a daughter. When a daughter is born, people say: "Poor man! Poor man!" When a son is born, everybody is happy. When a daughter is born the entire family has to come up with enough dowry to give that daughter a respectable marriage. For a son they *get* a dowry.

A man who worked for me in India had only one son. His family was very happy about it. However, this man had some charitable notions and persuaded his son to marry a poor girl. This took away what the family had been counting upon as a very important dividend coming to that family from that son. The man's family isolated him. Nobody in that family would speak to him. He was no longer a member of that family. Thus the child is an economic asset in various contexts, even in our situation.

To some extent the child is also a source of psychological security. A growing number of single women are adopting children. These are not necessarily women in economic need; they are mainly professional women. They are not adopting children because they want economic security in their old age. I think we ought to look into the psychological needs of professional women who adopt children. We talk about the *machismo* complex in men. There may be for women the reverse aspect. The woman, particularly in certain economic strata, may feel that having children is an index of womanhood and femininity.

Dr. Thompson said something about the need to diversify the communities that we study. Perhaps we also should diversify the populations that we study. I think for example, that a great deal of our study —particularly in the area of family planning—is problem-oriented. I do not think anybody worries about family instability too much among the Hollywood stars or the rich. I have not seen major studies on the subject, but I think that in focusing on the problem aspect we may be looking through a narrow lens.

The need to involve blacks in research on the black community is so patently obvious that I repeat it only because it is not being done. This needs to be done abroad as well as here. When I went to India to do research I did it with the understanding that I would involve Indian researchers in the university, and that they would have access to all of the data collected in the enterprise and to all of the tabulations. They were given a duplicate set of IBM cards. But I do not see this kind of thing happening in this country and I do not see it happening overseas.

A final point is one about urbanization. Dr. Glick talked it off a little casually, and he did not mention it in the 100 characteristics. When we talk about urbanization I think we usually do so in terms of two aspects. One is urbanism as a way of life. We very seldom do research on this. The other aspect, on which we do research, is the physical or geographic location of people in terms of available classifications. I submit that the research even on this aspect is not done with the sophistication that it needs, and for which we could get the data.

I think, for example, that to omit from discussion of urbanization the length of residence is a very serious thing. It contributes to a very serious policymaking deficiency. In most of the special studies of the welfare situation that have been made it has been found that persons who are on welfare have been residents of the particular locality for long periods of time. Yet, in collecting data on urbanization or migration, researchers take point-to-point migration without inquiring into length of residence. I would say that mere movement and migration do not provide bases for an index or definition of urbanization.

Dr. Hauser: I have a few brief observations, actually some questions I have been asking myself about the role of this Conference, and also, for that matter, the role of the Milbank Fund over the years. I think I am among the few here who have been coming for nigh onto 30 years. I would like to start this statement of perspectives by first associating myself with what I regard as the superb statement by Norman Ryder on both the potentials and limitations of the research we are doing in this whole area.

I think it is rather to be expected, although in some ways, perhaps, an index of the troubled times in which we live, that this Conference on Demographic Aspects of the Black Community has involved quite as much attention to policy considerations as to research questions. It is almost impossible for the social scientist, these days, to focus on research without being concerned with policy implications.

This is both desirable and undesirable and has its dangers from the standpoint of the way in which research is pursued. I think Karl Taeuber's statement was an excellent one, and one with which I also want to associate myself, in the sense that I think those of us who are essentially in the field of research have got to keep pretty distinct the different roles we play, on the one hand as research scientists and on the other hand as social engineers.

I have an article in the Spring, 1969, issue of *Sociological Inquiry,* "On Actionism in the Craft of Sociology," which is relevant here. Among other things it points out that, because there is a great dearth of social engineering professionals, most of is in social science are almost forced into the realm of social engineering and policy considerations by government and by other agencies.

I think that if we get too involved with policy considerations either just in terms of filling out life space or by reason of what Gunnar Myrdal has called "the beam in our eyes," we run the danger of no longer being able to do competent and adequate research—to get the kind of knowledge that in the long run pays off. I think there is a danger, sometimes, in what might be called the short-term, fireman types of calls—putting out the fires at the expense of building a sound factual basis for long-run considerations.

It seems to me one of the major roles the Milbank Conferences have played over the years has been to increase the awareness of the research fraternity, and also of action people who are almost always in attendance—on the one hand of what knowledge exists and, on the other hand, the need for additional knowledge on problems of the real world in which we live. There has been, I think, a very interesting interaction between the two—the researchers and the action people.

I would certainly agree with Frank Notestein that over the years papers have grown much better. I think this is a reflection of both the improved state of the art of social science as far as research is concerned; and of the interesting orientation I think the conferences have tended to give to research by relating to problematic situations in the real world in which we live.

I would conclude with this observation: I think one reason that the papers we have had over the years at the Milbank Fund have been increasingly better is that there has been interaction between both the researchers and the action people who have attended the conferences and the kind of criticism that tended to spur participants on to more intensive efforts to deal with the problem both on the research front and on the action front.

As an aspect of this, I think the influence and impact of this Conference—and I think previous Milbank Fund Conferences—goes far beyond the conference room, not only in terms of its impact on research attitudes, judgments and activity of those of us who participated, but also I think there has been a tremendous and traceable impact on the nature and quality of the data that became available. I am thinking in terms of impact on the Census and vital statistics as well as on private surveys. For example, I can remember when Frank Notestein was a young Turk and quite a critic. He raised so much hell about what the Census was doing and was not doing that the Census, over the years, showed considerable improvement.

It seems to me that we can leave with a sense of having had a pretty good conference, not in the sense that we solved the problems of the blacks. That was not the purpose of this Conference.

One of the interesting things we have discovered, of course, and I speak to Charles Willie's final statement, is that it is virtually impossible these days to have a scientific conference without problems of policy arising. I might say that if we look back a generation ago, I am reminded by Dr. Willie's question of the people of various disciplines who decided they were all going to do research on the elephant.

The German came up with four volumes on the morphology of the elephant; the Frenchman came up with two volumes on the sex life of the elephant; the Scotsman came up with a volume on the market activities of the elephant; the Englishman had a volume on the elephant and the imperial order; and the Jew had a volume on the elephant and the Jewish problem.

I mention this because as I look back, now, over a whole generation of activity, it is virtually impossible for the black scholar not to relate almost anything to the problem of the blacks. It is understandable and in many respects desirable. But I think he can do harm both to the social engineering problem and to the science problem if he gets these things so admixed that he does not know which is what.

It is in that sense that I think this Conference has been highly successful in pointing up the areas that need more attention on the research front. I am convinced that if we do our research it will in the long run contribute to the solution of the problems of the blacks.

Contrariwise, I repeat that if we take the position that the kinds of problems that face the black community cannot be resolved until we do more research, including research on demography, then I think we are dead wrong. That is not the barrier at all.

Mr. Mauldin: In terms of reexamining the role of the social scientist and the research that is brought into play in solving some of our problems, it seems to me that there is one hindrance that is unfortunate. That is the tendency to phrase our problems and solutions in terms of dichotomies, either/or.

It seems to me that Dr. Beasley was misunderstood and feels that he was misunderstood. He is concentrating on a very important area in which I think he has done an extraordinarily fine job. He is trying to integrate broad views of health into family planning, and he feels that family planning has much to contribute.

My work during the past 15 years has been primarily the application of social science to family planning. In taking a look at population problems, I have often said that the economic system, broadly conceived, is a very important problem and that our researchers should be more concerned with it.

Some say that those who are interested in family planning are placing this over and above everything else. My feeling is that we should not decrease the economic development effort, but we should see what we can do about some of the neglected approaches.

If one tends to concentrate in an area he feels is capable of improvement, he should try to keep the various approaches in balance and remember that community development is a complex problem.

Dr. Teele: I believe that some of the earlier comments by Charles Willie, Paul Cornely and Paul Williams underscore the very real difference between research and action programs, Primarily, I think, the difference lies in the more immediate consequences for people of action programs; this difference may result in an apparently greater reaction to or criticism of action programs like family planning programs than is justified. It appears that family planning programs are vulnerable to criticism when they seem directed primarily at the poor and the black, and especially when insufficient attention is paid to the problems of poverty, hunger and unemployment among the poor and the black by political and business leaders in the community.

Dr. Willie: I will be brief, but I am speaking because Dr. Hauser stimulated me. For one thing, I do not believe these statements that researchers do not get involved in policy. I know how much Dr. Hauser does in Chicago. Dr. Taeuber does some good research in residential distributions of populations, but he sat here today and spoke of Pat Moynihan as an example of how a scientist can be misunderstood when he gets involved in public policy. Moynihan wrote a political report on the Negro family, and we all know that.

However, you know this only if you are black and suffer. Go back and read the report again. The opening sentence says that with passage of the 1964 Civil Rights Act Negroes have now achieved full equality in this country. Why, that was before the Supreme Court's decision yesterday on school desegregation. That was before the voting rights law or the open housing law had been passed.

To me, Pat Moynihan and President Johnson were trying to cool off the civil rights demonstrations by getting people to focus not on the system but on the black family, and this would be good for the black family; I am not suggesting that no good would come to black families—but it was to cool off these demonstrations, too. That was a political report.

I say Dr. Hauser also halfway apologized—well I will not say "apologized" because that would start another argument—but he explained Moynihan to us.

The point I am making here, is that without recognizing it, the good social scientists around this table have been speaking from positions they occupy, which are positions of being white, or—I will include myself with you—of being affluent.

I am quite clear that I do not speak for poor people. That is why I always want them on my committees; so they can straighten me out and speak for themselves.

What we are really saying is: Do not really bother us with the policy situations because we are not policy-makers, but I know that we are making policy all along.

I am willing to make a prophecy that the day will probably come when we will not be able to do research in a pure, unhindered way. I want research to be as objective as we possibly can make it, but what I am saying is that we will not have the privilege of keeping policy situations from intruding on what we are doing.

I will give a very concrete example. This is a good scientific conference. I got my first grant from the Milbank Fund for my graduate work, so I have a great deal of affection for Milbank. Here is a good research conference on demographic aspects of the black community, and you say policy-making situations cannot intrude themselves here.

I will show you how they could. Suppose all of the black social scientists here had said: We will not participate. You could not have had this Conference. The point I am making is that you cannot keep these kinds of considerations—which really are not research considerations—out of these kinds of conferences. So it is foolish even to say you can. How can you deal with research and policy considerations together in a way that will give you a good product? That is the question that is important for us to consider.

I congratulate the Milbank Fund on having this Conference, and letting the discussion go where it did go. But I would like to say that in the future discussions at the Round Table will probably be focusing both on policy and research even more so than today.

Dr. Notestein: This has a historical note. Since about 1932 the Milbank Fund has quite explicitly said that it was going to be concerned with the social application of existing knowledge, and with research to find out how that can be done. Policy questions are not new in this organization!

Dr. Hauser: I think the answer to Dr. Willie's question as to how you can combine both will be evident in the proceedings of this Conference.

Chairman Kiser: On behalf of the Milbank Memorial Fund I want to think all of you for your good help. Perhaps I should give some special thanks to the authors; but virtually everyone here has been an active participant.

APPENDIX
CONFERENCE DINNER ADDRESS

COMMUNITY PARTICIPATION AND CONTROL
A Possible Answer to Racism in Health

PAUL B. CORNELY

The Conference concerned with the Demographic Aspects of the Black Community is of particular importance to all of us because it provides the opportunity for distinguished scholars and social scientists to review and discuss the trends, causes and possible solutions for some of the problems plaguing us. The Milbank Memorial Fund should certainly be congratulated for this significant effort, and I am indeed pleased to be the speaker at this dinner.

Racism has been defined by Harrison and Butts as "The predication of decisions and policies and behavior on consideration of race, the inferiority of one, the superiority of another, for the purpose of subordinating a racial group and maintaining control over the group."

They further state that "Racism may be individual or institutional . . . may also be passive or active; overt or covert, and conscious or unconscious. Racism may be de facto in terms of not having as its motivation the subjugation of a race, but nevertheless accomplishing it. As a phenomenon, it is ubiquitous in American society." This definition may or may not be acceptable to all of you, but at least it gives us a basis of understanding. Many of my colleagues insist that racism is least found in the health industry. There are many and varied examples to prove that this is not so. I have selected three problems for discussion, the solution of which can partially be achieved through community participation and control.

RACISM IN HEALTH INVESTIGATION AND RESEARCH

There has been a tendency in the field of health research for surveys upon surveys and numerous studies to be published showing the adverse disparities in the health of the Negro. Most recently, the article by the psychologist Arthur R. Jensen entitled, "How Much Can We Boost IQ and Scholastic Achievement," in the 1969 Spring issue of the *Harvard Educational Review* has reintroduced the question of the inherent capabilities of black individuals. As one reads and rereads this plethora of statistical presentations and numerous research studies, which makes an effort to explain these differences by more refined means, one questions the reason for such publications. Many times these studies have been introduced in Congressional Records to support the efforts of those who would wish continued segregation and discrimination in schools, hospitals and health clinics. Often these data have been used to explain the quality of health of a locality or the nation. Thus it would appear that much of the comparative health data that have appeared and continue to appear stems from the desire of investigators, whether occult or overt, to question the biologic soundness or to give support to the inferiority of blacks.

The health literature about the favorable aspects of the health of the black population is rather scanty and difficult to find. Yet the health progress blacks have made in this country under rather adverse circumstances would lead one to believe that blacks in our society have physical, mental and social assets that need to be observed and investigated. This is indeed of paramount importance to all of us. The chronic diseases that have arisen out of our technologic way of life, and that are slowly crippling and decimating major productive segments of our population are not simple, but immensely complex in their etiology, pathology and treatment. There is need for the acquisition of a great deal of knowledge if their prevention and control are to be effective. A better understanding of the favorable aspects of the health of the black population rather than the negative ones may make it possible to find clues that will lead us to a resolution of some of the disease problems of the larger society. It may be of value at this juncture to consider some of these assets. These are being discussed in greater length than may be necessary because this Conference may well provide the thrust for a redirection and reorientation of health research of the black segment of our population.

Longevity and the Average Expectation of Life

No one can dispute the fact that marked improvements have taken place in the health status of the nonwhite population during the last half century, even though it has had to live under crowded and unsanitary conditions while medical services and hospital facilities have often been sparse or absent. The black population in 1790 was 757,280; 90 years later, in 1880, it had increased eight-fold to 6,580,793, and today, 90 years again, it has tripled to an estimate of 22,000,000.

The average life expectation of the Negro, as would be expected, has shown a phenomenal increase, much more favorable than that for white individuals, as shown in Table 1.

TABLE I. LIFE TABLE VALUE, BY COLOR AND SEX DEATH REGISTRATION STATES[2]

Color and Sex	*1900–1902*	*1967*	*% Increase*
White male	48.23	67.8	40.7
Nonwhite male	32.54	61.1	88.0
White female	51.08	75.1	46.9
Nonwhite female	35.04	67.4	63.5

For nonwhite males and females, the expectation of life increased between 1900 and 1967 by 88 and 63.5 per cent, respectively, as contrasted with 40.7 and 46.9 for white persons. A word of caution must of course be given in these comparisons, because the data are for registration states and the values for 1900–02 reflected the urban northeastern portion of the United States, and excluded the majority of the nonwhites living in the southern states. In addition, the gains in longevity for whites occurred earlier than did those for nonwhites, hence the percentage gain during this period was lower. Nevertheless, these figures are suggestive.

The expectation of life at single years for the ages beyond 60, and including 85 years, shows an interesting phenomenon.[3] Up to age 68 years, the expectation of life at each single year is lower for nonwhite males and females, but this is then reversed so that by age 85 years, the expectations for nonwhite individuals are about one and a half times that of white males and females. It is to be remembered, however, that the expectation of life values merely forecast average remaining lifetime only for the hypothetical cohort of the life table. Therefore, forecasts of expectation of life for 1967 for any actual population must take into consideration, not only mortality experience in 1967, but also mortality experience in subsequent calendar years. Even with this caution, one may suggest that blacks who are able to survive beyond 67 years are indeed much more favorably situated than white individuals, and the trend would appear to be for such advantage to begin at even earlier ages.

This same phenomenon may be seen if the mortality rates of whites and nonwhites are compared, as shown in Table 2.[4]

TABLE 2. DEATH RATES BY SELECTED AGE GROUPS AND COLOR, U.S. 1966, RATES PER 1,000 POPULATION

		Age Groups				
Color	*Total*	*65–69*	*70–74*	*75–79*	*80–84*	*85 and over*
White	9.5	2.9	4.6	6.8	10.8	20.9
Nonwhite	9.7	5.3	5.8	6.7	7.8	12.0

Little difference is seen in the total overall rate of 9.5 and 9.7 for white and nonwhite individuals, respectively. In the older age groups, up to the years 70–74, the mortality rate for nonwhites is higher than for white individuals; however, for 75 years and above, this is reversed and particularly for those 85 years and over, where the disparity is almost two to one in favor of nonwhites, most of whom are black.

Physical Assets of Blacks

The physical prowess of blacks has been demonstrated repeatedly and amply. This is best seen in the amateur world by the performance of young black people from disadvantaged areas who have excelled in track and field events, including the Olympics. In the professional world, one can observe the consistent performance in boxing and the rapid strides in baseball, basketball and football. Nevertheless, investigation in the physical fitness and performance of black children is not plentiful.

A readily available source of data that has not been adequately tapped may be of value for future exploration. The Selective Service examinations are of particular interest here. As early as 1906, DuBois called attention to the fact that the Report of the United States Surgeon-General for 1902 showed that colored recruits had approximately the same rate of rejection as white ones, and that those for vision were approximately twice as high in white as in black recruits.[5] The report published in 1948, of the examination of millions of young men for induction into the armed forces during World War II contains the prevalence of defects among the registrants for the period November, 1940 to December, 1943.[6] The report shows that the rates of rejection for both black and white individuals are approximately the same, and that the former had lower prevalence rates in 19 of 28 defects. Venereal diseases, educational deficiency and defects of feet and heart were the only conditions where blacks showed higher proportions. A selected list of physical defects in which blacks fared better is found in Table 3.

TABLE 3. PREVALENCE OF A SELECTED DEFECT PER 1,000 SELECTIVE SERVICE REGISTRANTS EXAMINED BY RACE, NOVEMBER, 1940 TO DECEMBER, 1943

Defects	*White*	*Negro*
Total Defects	1,105.2	1,108.6
Eyes	1[illegible]3.2	67.4
Ears	43.0	14.6
Teeth	125.3	59.5
Nose	45.9	13.4
Neurological	26.6	19.3
Musculoskeletal	91.2	65.9

Blacks have about half of the rejection for vision; one-third for hearing and half for defects of teeth. Even though not of the same magnitude, blacks also had lower rejection rates for neurological and musculoskeletal defects. As far as can be ascertained, the data about a quarter of a century old are the only ones available that provide information about rejections according to specific defects.

The low level of disqualifications for medical reasons for blacks appears to be a pattern of long duration; nevertheless, the potential of these data for study and further investigation has not been tapped at all. Only the data dealing with the low rejection rates for visual acuity have been subject to analysis according to race, and then only statistically. Karpinos reviewed a sample of 273,000 medical reports of Selective Service registrants—221,310 white and 51,282 Negroes—and substantiated the findings already mentioned.[7] No significant physiologic, genetic, endocrinologic or medical studies have been carried out to determine whether genetic or environmental factors, or both, were important. This is amazing when it is realized that these facts, at least in the case of visual acuity, have been known for almost 70 years.

The most recent data that provide information about the favorable position of black individuals in relation to certain physical and laboratory findings are to be found in the reports of the National Health Survey, conducted on a nationwide basis by the National Center for Health Statistics. Some 16 separate reports of findings from the Health Examination Survey for the period 1960–62, consider the question of a differential between rates for Negroes and whites for certain specific conditions. Arthur J. McDowell, Director of the Division of Health Examination Statistics, in summarizing these data, states that six of the reports show levels for the Negro population that are more favorable than those for the white population.[8] Here again, the dental findings confirm the low rate of rejections in the military. Two of the dental findings reports show that both DMF (Decayed, Missing, and Filled) and, edentulousness rates are more favorable for Negroes. Another report also brings forth the better performance in terms of visual and hearing acuity of black, as contrasted with white examinees. In addition to these already known advantages, the serum cholesterol values for Negroes were lower than for white individuals, as well as the rates for moderate and severe degrees of osteoarthritis. Thus, it is to be noted that here again, very little has been done to pursue these leads and determine possible causal associations.

Favorable Morbidity and Mortality Differentials

Morbidity and mortality data that present racial differences are all too often of questionable validity. They are presented here because they have often been used to show the inadequacies of the Negro. A quick perusal of a number of morbidity studies and mortality reports shows that the incidence and prevalence of many diseases are less in black than in white individuals. This has been true for such diseases as hookworm and pinworm infestations associated with the poor.[9]

The prevalence of cancer in these two segments of the population may be selected for a bit more detailed study. A survey by the United States Public Health Service is the major source of the data quoted.[10] The incidence of cancer for nonwhite individuals was less than two-thirds that for whites, and even when this was adjusted for age distribution, this differential, although not as great, remained. The incidence of cancer of a number of sites showed lower rates for blacks, as contrasted with white individuals, and startling differences are found in certain age groups. The two most interesting contrasts in racial difference were found in cancer of the skin and the genitals. In the former, the incidence is extremely low for blacks; in the latter, the reverse is true for both male and female. The low incidence of cancer of the skin among blacks has been noted on other occasions, and is generally considered to reflect a true racial difference in susceptibility to skin diseases. In support of this, the low incidence of dermatitis and dermatoses caused by irritating dusts, liquids and vapors found in industry is generally quoted.[11] Nevertheless, surprisingly little or no research has been done in this area to determine why this apparent low susceptibility exists among black individuals.

The data presented in these three categories—expectation of life, health examinations and disease prevalence—are admittedly rather crude, particularly in reference to the third. A sophisticated audience such as this fully realizes the deficiencies in the data. Such favorable conditions may be the result of differences in age distribution, in socioeconomic status, in underenumeration, underreporting, frequency of utilization of health services and in the higher general mortality rates. However, the same indictment can be made about the unfavorable aspects that are so often quoted and have become standard in our scientific literature, as well as being popularized in our secular press. Is this a form of subtle racism? Many would say no. The black community believes otherwise. Whatever may be the true answer, it would appear that the men and women belonging to the scientific fraternity have a responsibility to address themselves with as much vigor to a consideration of the favorable as well as the unfavorable differences that apparently exist in our varied population composition. Why, for instance, has not the Public Health Service with its mammoth research machinery seen fit to find the answer to some of these problems, which could very well lead to avenues of benefit to mankind? It may also help dispel the myth of white supremacy and racial superiority of any kind, which is almost universally ingrained among Anglo-Saxons and their descendants.

RACISM AND THE AGENCIES FOR HUMAN SERVICES

Racism, whether overt or subtle, would appear to be incongruous with human services. Is this myth or reality? Lester Breslow, the President of the American Public Health Association, and I made a nationwide tour of health conditions in the United States during the months of June and July, 1969, to investigate at first hand typical situations of life that generate major health problems. Visits were made to a Mexican-American barrio in Houston, Texas; a rural community in the Central Valley of California; juvenile and adult detention quarters in Atlanta, Georgia; living quarters of Indians not on reservations in Great Falls, Montana; the Kenwood-Oakland area in the South Side of Chicago; and the Potomac River in Washington, D. C.

These visits revealed in dramatic and sometimes shocking fashion that millions of Americans, and particularly the ethnic minorities—20 million blacks, five million Mexican-Americans, 400–500,000 Indians—are being brutalized by those governmental institutions that daily affect their lives; the police department, the welfare bureau, the public employment services, the housing administration and the departments of education, health and recreation. These people could be said to be suffering from a battered adult syndrome. All of these institutions, with the exception of the police and schools, were created by the larger society to serve the needs of all the poor. This tour demonstrated what has been known for a long time: that, although it is hard to believe unless one sees it again and again, these agencies for human services provide a minimum of services and a maximum of manipulation, bias and humiliation. All here are well aware of police brutality because of its visibility on prime television time, but the health brutality that is daily occurring is indeed cancerous. A few examples of the perversion of these agencies will suffice since most of you, I hope, can give examples of your own.

Department of Public Welfare

Great Falls, Cascade County, Montana. The County Welfare Department compounds the difficulties Indians encounter in trying to keep healthy. If Indians earn less than the County's poverty guidelines, they qualify for general assistance. But general assistance payments are made only during the winter months to families with able-bodied men. The County believes men always should be able to find ranch work during the summer months and so stops payments during this period.

Houston, Texas. Mrs. V. described her experiences raising eight children on welfare assistance. A few days before the tour, her welfare grant was arbitrarily cut from $123 to $23 per month. Mrs. V. was not certain about the reason for the cut, but others explained that it occurred immediately after two of her children had been identified as participants in a children's hunger demonstration.

Tulare County, San Joaquin Valley, California (Woodville). As in most states, Medi-Cal, the California version of Medicaid, determines eligibility each month rather than for a year. A single month of earnings higher than the allotted income cancels eligibility until earnings drop again. Because her card had been cancelled, Mrs. A., the wife of a Mexican-American migrant worker, expressed worry about how she would pay for her ninth baby, expected to be born in July. She was told by an official to appeal. An appeal normally takes 105 days and her baby was due in less than 30 days. One of her children is deaf. Until she was told during the group's visit that she could receive aid for him through Crippled Children's Assistance, she did not know that any help was available.

County Agriculture Commission

Tulare County, San Joaquin Valley, California. One of the most worrisome health problems in California comes from the use of pesticides. "When they use the pesticides, they spray us too," one of the workers said. "Sure we get sprayed and we get sick. Sometimes you see people going around with headaches all the time and getting dizzy and they wonder what the matter is. It's the pesticides, the spray." The regulations require that no airplane spraying be done while workers in the fields may be exposed, and that areas be posted after spraying to keep workers out. An official from the County Agriculture Commission responded: "If there are violations, all the people have to do is give us a call." When pressed as to how many prosecutions there had been for violations, he said, "We've placed a number of operators on a year's probation, but you must remember that it's a very hard thing to take away a man's livelihood by taking his spray permit."

Departments of Public Health and of Sanitation

In the Kenwood-Oakland area most of the people live in tenements that have been condemned. In one building a mother lived in an apartment in which the toilet had to be flushed by a hose attached to the faucet; the basement was inundated with backed up sewage and running water was unavailable for three weeks. In Tulare County, one of the health officers had had a vacancy for a health educator in his department for two years, although migrant workers were in need of health education, and could have benefited by the services of health education aides. In the Mexican-American barrio in Houston, Texas, a cement-mixing factory daily polluted the atmosphere with dust that sifted through the crevices of the substandard houses.

Department of Recreation

In the three cities . . . Houston, Chicago, and Great Falls, recreational facilities were inadequate or totally lacking. In Houston, a young Mexican-American 16 years of age, a junior counsellor at one of the few playgrounds, made a plea for trees and water. In Chicago, bright-eyed youngsters play in abandoned cars or amid uncollected rotting garbage and trash, or in condemned apartment houses with broken sewers. Evidence of this was vivid in the person of a ten year old youngster with a patch over his right eye who had been hospitalized for eight weeks after having fallen from the second floor of one of these apartments and pierced his eyeball with glass. The children of migrant workers in Tulare County presented the same picture.

These are brief examples of what is occurring in virtually every large or small urban center where we have the poor and ethnic minorities. Is this racism? The black community is certain that it is. These agencies for human services are portraying the society that created them. These health brutalities that pervade the lives of millions of Americans are akin to the techniques of concentration camps designed to break the human spirit.

RACISM AND DECISION-MAKING IN HEALTH MATTERS

The recent revolution for participatory democracy as it applies to health matters is of interest and deserves some consideration. A couple of examples may be mentioned. During the past three or four years, black individuals have formed black caucuses within their health professional associations and made certain demands. This has occurred in such organizations as the National Conference of Social Workers, the American Public Health Association, the American Psychiatric Association, the American Psychological Association and the American Hospital Association. The demands made on the American Psychiatric Association, the oldest health professional society in the United States, may be taken as an example. The 100 black psychiatrists, as reported in the *Hospital Tribune* stated that "Racism is the major mental health problem in this country!"[12] They requested that the Association change its structure to become more relevant to black people, and that black psychiatrists who have been excluded from positions of influence and authority be placed in significant numbers on committees and task forces and that five of them be immediately appointed to the 19-member governing council. They also stated that the programs of the Society should be directed toward alleviating the racial discrimination existing in mental hospitals, in departments of psychiatry, and at the National Institute of Mental Health. One of the editorials entitled "Racism and Psychiatry" stated that "it is disturbing that so keenly sensitive a group of people as the leading psychiatrists of this country were unaware, as they must have been, of a ferment going on among their own black colleagues." This is indeed the most amazing fact about the professional societies concerned with health that except for one or two, they continue to remain irrelevant and insensitive to the health problems of blacks or the feelings and attitudes of their own black colleagues.

Another ferment in participatory democracy has alarmed the health industry in this country, and this is the demand of the black poor that they be given a greater role in the decision-making process of those agencies and organizations that initiate, plan, implement and deliver health services to them. This clarion has already been sounded loud and clear in the case of control in education and there is no reason why it should not become a major issue in the organization and delivery of health care.

The black poor point out emphatically what has been obvious for so many years, that the agencies and organizations and the people that serve them, whether they be at the federal, state or local levels, are in the main white individuals, and this is particularly true of those who are in positions of policy making and supervision. The Public Health Service, with its Commissioned Corps, and its thousands of civil employees has only two blacks in top administrative positions. There is only one black state health officer and only three black city health officers of sizable urban communities. Blacks are seldom seen in such positions as chiefs of bureaus or deputy chiefs in governmental health agencies. If one turns to the voluntary health agencies, the same obtains. Of the many thousands of national, state and local voluntary health agencies supported by contributions from all of the people in the United States, one can count the few black executive directors, or for that matter, the black supervisors who are to be found in these organizations. This is also true of the large hospitals in urban communities throughout this country where seldom are black administrators or black directors of nursing services found. If one turns to policy or advisory boards, whether at the national or local level, few black participants are to be seen.

COMMUNITY PARTICIPATION AND CONTROL A POSSIBLE ANSWER

The black poor, as well as the black health professional, are convinced that racism in health is a reality and not a myth. The insensitivity, the indifference, the apathy and the barriers all around, convince them that to extricate themselves from these locked-in situations, participation and control are the means to freedom.

Gans, in a recent provocative article, has stated that government in this country, whether federal, state or local, and, therefore, the American public has not been able or willing to absorb responsibility for the poor, and particularly the black poor, for several important reasons. The most important is the structure of American democracy and majority rule. A majority vote in the various political institutions determines who will be nominated and elected to office, what legislation will be passed and funded, and who will be appointed to run the administering and administrative agencies. This is the ideal, but in practice, the American brand of democracy allows affluent and powerful minorities to propose and the majority to dispose. By virtue of this, legislation tends to favor the interest of the organized; of businessmen not consumers; of landlords not tenants; doctors not patients. Subsidies, for instance, are provided, not on the basis of merit, but power. By and large, these subsidies go to people who need them less; there are tax exemptions for homeowners, federal highway programs and mortgage insurance for suburbanites, direct subsidies to airlines, merchant shipping and large farms, and depletion allowance for oil producers. Grants to the poor are fewer and smaller; the most significant one being public welfare, and it is called a handout, not a subsidy.

The American political structure often satisfies the majority, but it also creates outvoted minorities such as the white poor, chicanos and blacks, who, according to Gans, can be tyrannized and repressed by majority rule. In the past such minorities have had to rely on the goodwill of the majority, hoping that it would act morally, but it generally offered them only charity. It would appear that because the poor and the black will probably always be outvoted by the majority, the only other source of power left to these groups is disruption; upsetting the orderly processes of government and of daily life, so as to inconvenience or threaten more powerful groups. If the conditions described in the previous section continue in this country, disruption will be used more widely in the 1970's. Consequently, the most important domestic issue before the country today is whether more peaceful and productive ways of meeting the needs of black poor can be found.

It would appear that the important objective for all of us is to incorporate ethnic minorities into the political structure, thereby increasing the responsiveness of governments to the diversity of all citizens, and preventing the battered adult syndrome. This has been said many times in recent years, and it would appear that in the health field the time has come to make effective community participation and community control a reality. This is one of the major ways by which this singular domestic problem can be met.

It is amazing and startling that community participation and community control when demanded by blacks, or chicanos, or Puerto Ricans has created concern and fear and has been opposed by many of the majority. The tradition of community participation in health affairs in this country is a long one of more than 100 years. This has been true in both official and nonofficial agencies at state and local levels. The boards of health of state and local health departments; of voluntary health agencies, such as national, state and local tuberculosis associations and cancer societies; of nonprofit hospitals, health insurance plans and health planning councils—all have had and generally insisted upon representation from citizens from the community. In recent years, the federal government, through its programs of research and demonstrations, has had lay and professional participation in its many advisory health councils, as well as on a number of task forces. From its very beginning the Office of Economic Opportunity has insisted that all comprehensive neighborhood health centers include resident participation in determination of policies and regulations. The recent PL 89-749 has required that comprehensive health planning councils shall have consumer representation to the extent of 51 per cent. The range of participation has varied from merely advisory in nature to that of complete and full responsibility for determining and establishing the policies of many of these health agencies.

Community participation in the past has come in the main from the middle class and the rich. In most instances, this pattern continued even though population composition in urban and rural communities changed and the revolution in democratic participation gathered momentum. All who have been kept out of the mainstream of influence—the black, the poor and the young—have been insistent in their demands that they be given the opportunity to share in the determination of the policies and activities that are central in their everyday lives. Representation from all segments of a community is of paramount importance if the organization and delivery of health care is to be meaningful. It is imperative, therefore, that all sectors of our health industry come to grips with this problem and provide the opportunities for the unrepresented to become an integral part of the community.

Community control, as contrasted with community participation, must be considered from a different perspective. The power or authority for the health of citizens in this country resides in the state as part of its police power. This authority may be delegated by the state to its political subdivisions, such as a city, county or a district, or to duly constituted groups or bodies that have met certain legal requirements, such as a university, a commission, a hospital or a prepaid health plan. The legal vehicle for the reception of this authority may be a corporation, a foundation or a cooperative. It is never a neighborhood, or a club, or a church or an indigenous group of people. The citizens of suburbia can no more control their health institutions than can those in the inner city unless they have met the legal requirements for the allocation of such authority.

Community control of health institutions is feasible and desirable provided that the legal requirements prescribed by the state or its political subdivisions are met. If these legal requirements are found to be unreasonable or discriminatory, then the community must move toward the abolition, modification or complete change of the existing regulations. This is a right that the many ethnic minorities in our country must have if a pluralistic society is the strength of a democracy.

Community participation and control, if fully and equitably granted to the black and the poor and the other nonwhite minorities, and if they are allowed to err, even though at times costly, just as the Department of Defense so commonly does in many of its experimental projects, may make a most significant contribution to the health of our society. Modern technologic society in general and American society in particular is ugly, repressive, destructive and subversive of much that is truly human. Our society's requirement of maximal efficiency and output leads to minimal individuality and eventually to the absence of creativity. Technologic man becomes an appendage of the machine whose major aim is to have more and use more. As Eric Fromm has stated, modern man "spends his time doing things in which he is not interested, with people in whom he is not interested, producing things in which he is not interested, and when he is not producing, he is consuming."[14] Modern man is bored, although affluent. The passiveness of man in this industrial society is one of his most characteristic and pathologic features, and this passiveness is one of a host of symptoms in the "syndrome of alienation." This is our societal pathology.

Can the spread of this nationwide pathology be halted? Fromm believes that "if the constructive forces within industrial society which are choked by a deadening bureaucracy, by artificial consumption and manipulated boredom are released by a new mood of hope . . .; if the individual regains his confidence in himself, and if people make contact with each other in spontaneous and genuine group life, new forms of psychospiritual practices will emerge and grow which might be unified eventually in a total socially acceptable system."[15]

The black revolution, which began with a tired, despised black woman on a bus in Alabama, has given a sense of purpose, dedication and individual commitment, not alone to this minority group, but also to chicanos, migrant workers, Puerto-Ricans, Indians, as well as the young and the female. It has been said that the West turns knowledge into power, the East turns knowledge into meditation, and Africa turns knowledge into life. The shifting of our sick society's attraction from man-made mechanical devices to the reverence for life and concern for people may be the most important contribution to come out of this turbulence.

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